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# Calendar No. 1079

91st CONGRESS }  
2d Session }

SENATE

{ REPORT  
No. 91-1071

## THE FAMILY PRACTICE OF MEDICINE ACT OF 1970

August 5, 1970.—Ordered to be printed



Mr. YARBOROUGH, from the Committee on Labor and Public Welfare, submitted the following

### REPORT

[To accompany S. 3418]

The Committee on Labor and Public Welfare, to which was referred the bill (S. 3418) to amend the Public Health Service Act to assist medical schools and hospitals in establishing special departments and programs in the field of family practice and otherwise to encourage and promote the training of medical and paramedical personnel in the field of family medicine and for other purposes, having considered the same, reports favorably thereon with amendments and recommends that the bill, as amended, do pass.

#### NECESSITY FOR LEGISLATION

S. 3418 would provide for the encouragement of the training of family practitioners. In public hearings on the bill the Health Subcommittee of the Senate Labor and Public Welfare Committee heard a wide variety of witnesses testify to the very great need to supplement this country's highly specialized medical manpower with physicians who have a more broadly based educational program.

Additionally, the bill enables the Secretary of HEW to assist medical schools, graduate schools, universities, hospitals, and other public or private institutions in more effectively dealing with the problems of malnutrition. The bill authorizes activities intended to advance medical knowledge in the causes and effects of malnutrition, provide for the early detection and effective treatment of malnutrition, and enhance student assistance programs in the field of malnutrition.

#### HEARINGS

Public hearings were held by the Health Subcommittee of the Senate Labor and Public Welfare Committee on July 8 and 9, 1970.

In addition to the substantial number of statements which were filed with the committee, a wide range of witnesses gave testimony to the subcommittee. In substantial measure they cover the spectrum of agencies, associations, and individuals who would be affected by the proposed legislation.

### SUMMARY OF S. 3418

#### TITLE I

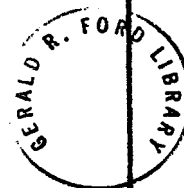
Title I of the bill would authorize professional and technical training in the field of Family Medicine. It would provide for the making of grants to public and private nonprofit medical schools, including schools of osteopathy to: (1) operate, as an integral part of their medical education program, separate and distinct departments devoted to providing teaching and instruction (including continuing education) in all phases of family practice; (2) construct such facilities as may be appropriate to carry out a program of training in the field of family medicine whether as a part of a medical school or as separate outpatient or similar facility; (3) operate, or participate in, special training programs for paramedical personnel in the field of family medicine; and (4) operate, or participate in, special training programs to teach and train medical personnel to head departments of family practice or otherwise teach family practice in medical schools.

It would further provide for grants to public and private nonprofit hospitals, which provide training programs for medical students, interns, or residents to: (1) operate, as an integral part of their medical training programs, special professional training programs (including continuing education) in the field of family medicine for medical students, interns, residents, or practicing physicians; (2) construct such facilities as may be appropriate to carry out a program of training in the field of family medicine whether as a part of a hospital or as a separate outpatient or similar facility; (3) provide financial assistance (in the form of scholarships, fellowships, or stipends) to interns, residents, or other medical personnel who are in need thereof, who are participants in a program of such hospital which provides special training (accredited by a recognized body or bodies approved for such purpose by the Commissioner of Education) in the field of family medicine, and who plan to specialize or work in the practice of family medicine; and (4) operate, or participate in, special training programs for paramedical personnel in the field of family medicine.

In order to carry out the purposes of title I, the committee's bill authorizes the appropriation of:

\$50 million in fiscal year 1971,  
\$75 million in fiscal year 1972,  
\$100 million in fiscal year 1973,  
\$100 million in fiscal year 1974, and  
\$100 million in fiscal year 1975.

For the purpose of assisting medical schools and hospitals to plan or develop programs or projects for the purpose of carrying out one or more of the purposes set forth in title I of the bill, the Secretary of HEW is authorized to make planning and developmental grants. Not more than \$10 million of funds appropriated in each fiscal year may be utilized for these planning and development grants.



Title I of the bill further provides that the Secretary shall appoint an Advisory Council on Family Medicine. The Council shall consist of 12 members, four of whom shall be physicians engaged in the practice of family medicine, four of whom shall be physicians engaged in the teaching of family medicine, and four of whom shall be representatives of the general public. The Council shall advise and assist the Secretary in the preparation of regulations for, and as to policy matters arising with respect to, the administration of title I. The Council shall consider all applications for grants under title I and shall make recommendations to the Secretary with respect to approval of applications for and of the amounts of grants.

#### TITLE II

Title II of the bill authorizes the Secretary of HEW to:

1. Make grants-in-aid to and enter into contracts with medical schools, appropriate graduate schools, and nursing schools to assist such schools in establishing courses dealing with malnutrition, its causes and effects, means for its early detection, and effective treatment of malnutrition and conditions resulting therefrom;

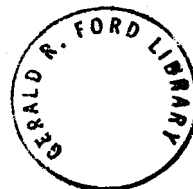
2. Make grants-in-aid and enter into contracts with universities, medical schools, hospitals, laboratories, and other public or private institutions, and individuals and groups of individuals for research into malnutrition, its causes and effects, means for its detection, and into the effective treatment of malnutrition and conditions resulting therefrom;

3. Establish special projects designed to provide to students of courses in malnutrition practical training and experience in the field of malnutrition; and

4. Provide fellowships and otherwise financially assist students to encourage and enable them to pursue studies and engage in activities in poverty areas relating to malnutrition.

In order to carry out the purposes of title II there are authorized to be appropriated:

\$32,000,000 in fiscal year 1971,  
 \$32,000,000 in fiscal year 1972,  
 \$32,000,000 in fiscal year 1973,  
 \$32,000,000 in fiscal year 1974, and  
 \$32,000,000 in fiscal year 1975.



#### COMMITTEE VIEWS

##### TITLE I—FAMILY MEDICINE

###### 1. *Separate departments of family medicine—*

The committee heard a variety of points of view concerning the requirement in the bill that in order to be eligible for assistance a school of medicine (or osteopathy) must either have established or be in the process of establishing a separate and coequal department of family medicine. The committee feels the requirement is both sound and necessary. It is persuaded by those who testified that unless such a requirement does in fact exist, there is little or no incentive for the already financially beleaguered schools of medicine to establish a new

organizational entity. This point of view was cogently presented by the President of the Academy of General Practice who testified:

Advances in medical science have opened new medical horizons and made feasible the practice of medicine in many specialized areas. At the same time, medical schools have focused much of their attention on research aimed at discovering new horizons.

The medical school curriculum has been geared to accommodate research, with the result that few, if any, of the medical school faculty have been general practitioners with a primary interest in training family doctors.

It is only natural that faculty surgeons would tend to support programs which would improve the training of surgeons, just as faculty internists would tend to support programs to improve the training of internists. Once the emphasis switched to research, the trend toward limited specialization became self-perpetuating.

He further testified:

We in the general practice area have gone down the blind alley of trying to produce family doctors in a nonspecialty department. We have had much experience showing that it does not work, because the department is set out in a corner of the medical school. It does not work.

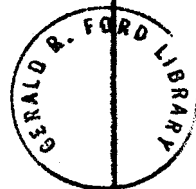
But we do have experience in the last 15 months with schools setting up primary areas of family practice. The student interest is tremendous. The interest on behalf of new teachers of family medicine is tremendous.

### *2. Role of Advisory Council*

The committee carefully considered the proposed role of the Advisory Council. Its consideration included the necessity that the Council be in a position to advise and assist the Secretary of Health, Education, and Welfare on the issues of major policy which will inevitably arise as well as be able to make recommendations to him with regard to the approval of request for grant assistance. At the same time the committee is fully aware of the need to avoid the stultifying effect on program administration that might result from an overly zealous Council. The committee believes that an appropriate balance between these two positions can be found in the operation of the National Advisory Council on Regional Medical Programs, established under title IX of the Public Health Service Act. Accordingly, it has reported language for the Council on Family Medicine, which closely parallels that of the Regional Medical Programs Council. In so doing the committee intends that the Council herein established will function with respect to policy formulation and grant review in essentially the same way as the RMP Council has functioned.

### *3. Planning and Development Grants*

The committee, while being strongly persuaded that a separate and coequal department of family medicine is essential in order to achieve the purposes of title I, nevertheless well recognizes that most medical schools do not yet have such departments, though many are or are about to begin planning for a separate department.



For reasons of equity and commonsense, therefore, the committee has authorized planning and development grants in order to give assistance and encouragement to this trend.

4. *Continuing Education of Physicians*

The committee believes that the value of the specialty of family medicine is by no means limited to the initial, graduate, or immediate postgraduate training of physicians. In point of fact both educational and practical activities in the area of family medicine are highly relevant to the practicing physician. Accordingly, the committee has explicitly included continuing education activities as eligible for support under title I.

5. *Osteopaths and Schools of Osteopathy*

Osteopaths and Schools of Osteopathy have and are making a significant contribution to family medicine through their patterns of practice and their curriculums. Their full participation in the programs authorized by this bill is both desirable and essential. Since the committee understands that HEW defines "schools of medicine" to include schools of osteopathy for purposes of qualifying for grant assistance, the committee did not feel the necessity of identifying them by name in the bill. Additionally, no specification of osteopaths was made with regard to the membership of the Advisory Council, though clearly there are many eminent osteopaths whose contribution to the Council would be invaluable.

6. *Maintenance of effort*

The committee intends that section 765(c) of title I which states "The Secretary shall not approve any grant under this part unless the applicant therefore provide assurances satisfactory to the Secretary that funds made available through such grant will be so used as to supplement and, to the extent practical, increase the level of non-Federal funds which would, in the absence of such grant, be made available for the purpose for which such grant is requested" shall not be constructed so as to exclude the hospitals of the Veterans' Administration, the Public Health Service or other Federal agencies from competing for such grants when they meet all other requirements under title I.

7. *Construction of facilities*

Title I of the bill includes authority for the construction of facilities appropriate to training programs in family medicine whether as a part of a medical school, hospital, separate outpatient facility, or similar facility. The committee encourages the use of this authority in innovative and experimental ways. For example, a medical school or hospital might wish to construct a facility in an area of severe economic blight, regardless of its immediate proximity to that medical school or hospital, in order to provide training in family medicine while providing high quality services.

TITLE II.—MALNUTRITION

The committee is deeply concerned that we set the seal of urgency on a national commitment to put an end to malnutrition in America and accept as a nation the problem of malnourishment as a national responsibility.



In his message to the Congress last year, the President, Mr. Nixon, clearly testified to the very real need for action in this area. He stated:

We have long thought of America as the most bounteous of nations. In our conquest of the most elemental of human needs, we have set a standard that is a wonder and aspiration for the rest of the world. Our agricultural system produces more food than we can consume, and our private food market is the most effective food distribution system ever developed. So accustomed are most of us to a full and balanced diet that, until recently, we have thought of hunger and malnutrition as problems only in far less fortunate countries.

But in the past few years we have awakened to the distressing fact that despite our material abundance and agricultural wealth, many Americans suffer from malnutrition. Precise factual descriptions of its extent are not presently available, but there can be no doubt that hunger and malnutrition exist in America, and that some million may be affected.

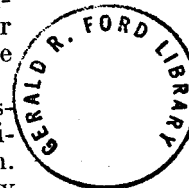
Dr. Arnold Schaefer, the man in charge of the National Nutritional Survey, has made this forceful observation:

We have been alerted by recent studies that our population who are "malnutrition risks" is beyond anticipated findings, and also that in some of our vulnerable population groups—preschool children, the aged, teenagers, and the poor—malnutrition is indeed a serious medical problem.

Although we do not know just how many Americans are actually hungry and how many suffer from malnutrition—who don't eat enough and who don't eat the right things—we do know there are too many Americans in both categories.

Testimony before the Select Committee on Nutrition and Human Needs has indicated that our medical schools have not been adequately preparing their students for detecting and treating malnutrition and its related illnesses. Even though many of our medical schools do have courses in which some attention is given to malnutrition few make the study of malnutrition an identifiable part of their curriculum. We have learned that too few doctors have a background which equips them to recognize and treat malnutrition as it exists in our poverty areas. For too long, the study of malnutrition has been given secondary attention in our medical, graduate, and nursing schools to the shame and dismay of us all. The final report of the White House Conference on Food, Nutrition, and Health stated: "The teaching of nutrition in schools of medicine, dentistry, and nursing is most inadequate at the present time; in some schools it is almost nonexistent. . . . The number of specialists in nutrition among physicians, dentists, and nurses is very limited; a few hundred persons would be an optimistic estimate."

To overcome this deficiency, the committee authorized grants-in-aid and contracts to be provided to medical schools, appropriate graduate schools, and nursing schools to assist such schools in estab-



lishing courses dealing with malnutrition, its causes and effects, means for its early detection, and effective treatment of malnutrition and conditions resulting therefrom.

Among the recommendations set forth in the final report of the White House Conference on Food, Nutrition, and Health are those of its "Task Force VI C-2" which recommended funds be provided for: "Continued research, both basic and applied, on specific nutritional needs of the population and the fundamental causes of malnutrition."

To meet this need the committee authorized grants-in-aid and contracts to be provided for research into malnutrition, its causes and effects, means for its detection, and into the effective treatment of malnutrition and conditions resulting therefrom.

A national program must have its ultimate focus at the community level, where the citizen must be served. The nutritionist's laboratory should be the home and the community in which the person lives as well as the traditional basic research laboratories. The White House Conference on Food, Nutrition, and Health report states:

More emphasis should be given to applied nutrition, not only in the classroom but through field experience in hospitals, clinics, and the community. Students of today are more socially conscious and community oriented than in the past,

To achieve this objective the committee authorized financial assistance be provided to establish special projects designed to provide to students of courses in malnutrition practical training and experience in the field of malnutrition.

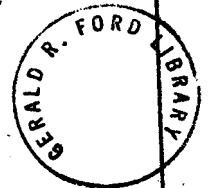
Only with a major increase in committed and competent manpower in the field can a national program be established to deliver needed health and nutritional services to people. There is substantial evidence to document the effects of poverty and the enhanced risks to mental and physical development from severe malnutrition during the first few years of life. This enhanced risk extends into the period of pregnancy when the expectant mother is unable to provide the infant with sufficient nutrients.

To meet this need the committee authorized the provision of fellowships and other financial assistance to students to encourage and enable them to pursue studies and engage in activities in poverty areas relating to malnutrition.

To meet these grave challenges, curriculum development, research, practical experience, and student assistance in all facets of the field of malnutrition, with its emphasis on poverty, the committee authorized \$32 million to be appropriated for each of 5 fiscal years beginning with fiscal year 1971.

#### CHANGES IN EXISTING LAW

In compliance with subsection 4 of rule XXIX of the Standing Rules of the Senate, changes in existing law made by the bill are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in *italic*, existing law in which no change is proposed is shown in roman):





## PUBLIC HEALTH SERVICE ACT

\* \* \* \* \*

TITLE VII—HEALTH RESEARCH AND TEACHING FACILITIES AND TRAINING OF PROFESSIONAL HEALTH PERSONNEL

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[PART D—CENTERS FOR RESEARCH ON MENTAL RETARDATION AND RELATED ASPECTS OF HUMAN DEVELOPMENT

\* \* \* \* \*

## [AUTHORIZATION OF APPROPRIATIONS

[SEC. 761. There are authorized to be appropriated \$6,000,000 for the fiscal year ending June 30, 1964, \$8,000,000 for the fiscal year ending June 30, 1965, and \$6,000,000 each for the fiscal year ending June 30, 1966, and the fiscal year ending June 30, 1967, for project grants to assist in meeting the costs of construction of facilities for research, or research and related purposes, relating to human development, whether biological, medical, social, or behavioral, which may assist in finding the causes, and means of prevention, of mental retardation, or in finding means of ameliorating the effects of mental retardation. Sums so appropriated shall remain available until expended for payments with respect to projects for which applications have been filed under this part before July 1, 1967, and approved by the Surgeon General thereunder before July 1, 1968.

## [APPLICATIONS

[SEC. 762. (a) Applications for grants under this part with respect to any facility may be approved by the Surgeon General only if—

[ (1) the applicant is a public or nonprofit institution which the Surgeon General determines is competent to engage in the type of research for which the facility is to be constructed; and

[ (2) the application contains or is supported by reasonable assurances that (A) for not less than twenty years after completion of construction, the facility will be used for the research, or research and related purposes, for which it was constructed;

(B) sufficient funds will be available for meeting the non-Federal share of the cost of constructing the facility; (C) sufficient funds will be available, when the construction is completed, for effective use of the facility for the research, or research and related purposes, for which it was constructed; and (D) all laborers and mechanics employed by contractors or subcontractors in the performance of work on construction of the center will be paid wages at rates not less than those prevailing on similar construction in the locality as determined by the Secretary of Labor in accordance with the Davis-Bacon Act, as amended (40 U.S.C. 276a—276a-5); and the Secretary of Labor shall have, with respect to the labor standards specified in the clause (D) the authority and functions set forth in Reorganization Plan Numbered 14 or 1950 (15 F.R. 3176; 5 U.S.C. 133z-15), and section 2 of the Act of June 13, 1934, as amended (40 U.S.C. 276c).



[(b) In acting on applications for grants, the Surgeon General shall take into consideration the relative effectiveness of the proposed facilities in expanding the Nation's capacity for research and related purposes in the field of mental retardation and related aspects of human development, and such other factors as he, after consultation with the national advisory council or councils concerned with the field or fields of research involved, may by regulation prescribe in order to assure that the facilities constructed with such grants, severally and together, will best serve the purpose of advancing scientific knowledge pertaining to mental retardation and related aspects of human development.

#### [AMOUNT OF GRANTS; PAYMENTS

[SEC. 763. (a) The total of the grants with respect to any project for the construction of a facility under this part may not exceed 75 per centum of the necessary cost of construction of the center as determined by the Surgeon General.

[(b) Payments of grants under this part shall be made in advance or by way of reimbursement, in such installments consistent with construction progress, and on such conditions as the Surgeon General may determine.

[(c) No grant may be made after January 1, 1964, under any provision of this Act other than this part, for any of the four fiscal years in the period beginning July 1, 1963, and ending June 30, 1967, for construction of any facility described in this part, unless the Surgeon General determines that funds are not available under this part to make a grant for the construction of such facility.

#### [RECAPTURE OF PAYMENTS

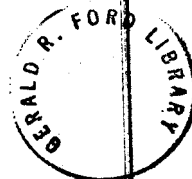
[SEC. 764. If, within twenty years after completion of any construction for which funds have been paid under this part—

[(1) the applicant or other owner of the facility shall cease to be a public or nonprofit institution, or

[(2) the facility shall cease to be used for the research purposes, or research and related purposes, for which it was constructed, unless the Surgeon General determines, in accordance with regulations, that there is good cause for releasing the applicant or other owner from the obligation to do so, the United States shall be entitled to recover from the applicant or other owner of the facility the amount bearing the same ratio to the then value (as determined by agreement of the parties or by action brought in the United States district court for the district in which such facility is situated) of the facility, as the amount of the Federal participation bore to the cost of construction of such facility.

#### [NONINTERFERENCE WITH ADMINISTRATION OF INSTITUTIONS

[SEC. 765. Except as otherwise specifically provided in this part, nothing contained in this part shall be construed as authorizing any department, agency, officer, or employee of the United States to exercise any direction, supervision, or control over, or impose any requirement or condition with respect to, the research or related purposes conducted by, and the personnel or administration of, any institution.



[DEFINITIONS

[SEC. 766. As used in this part—

[(1) the terms “construction” and “cost of construction” include (A) the construction of new buildings and the expansion, remodeling, and alteration of existing buildings, including architects’ fees, but not including the cost of acquisition of land or off-site improvements, and (B) equipping new buildings and existing buildings, whether or not expanded, remodeled, or altered;

[(2) the term “nonprofit institution” means an institution owned and operated by one or more corporations or associations no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.]

*PART D—GRANTS TO PROVIDE PROFESSIONAL AND TECHNICAL TRAINING IN THE FIELD OF FAMILY MEDICINE*

DECLARATION OF PURPOSE

*SEC. 761. It is the purpose of this part to provide for the making of grants to assist—*

(a) *public and private nonprofit medical schools—*

(1) *to operate, as an integral part of their medical education program, separate and distinct departments devoted to providing teaching and instruction (including continuing education) in all phases of family practice;*

(2) *to construct such facilities as may be appropriate to carry out a program of training in the field of family medicine whether as a part of a medical school or as separate outpatient or similar facility;*

(3) *to operate, or participate in, special training programs for paramedical personnel in the field of family medicine; and*

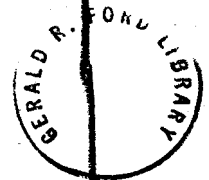
(4) *to operate, or participate in, special training programs to teach and train medical personnel to head departments of family practice or otherwise teach family practice in medical schools.*

(b) *public and private nonprofit hospitals which provide training programs for medical students, interns, or residents—*

(1) *to operate, as an integral part of their medical training programs, special professional training programs (including continuing education) in the field of family medicine for medical students, interns, residents, or practicing physicians;*

(2) *to construct such facilities as may be appropriate to carry out a program of training in the field of family medicine whether as a part of a hospital or as a separate outpatient or similar facility;*

(3) *to provide financial assistance (in the form of scholarships, fellowships, or stipends) to interns, residents, or other medical personnel who are in need thereof, who are participants in a program of such hospital which provides special training (accredited by a recognized body or bodies approved for such purpose by the Commissioner of Education) in the field of family medicine, and who plan to specialize or work in the practice of family medicine; and*



(4) to operate, or participate in, special training programs for paramedical personnel in the field of family medicine.

#### AUTHORIZATION OF APPROPRIATIONS

SEC. 762. (a) For the purpose of making grants to carry out the purposes of this part, there are authorized to be appropriated \$50,000,000 or the fiscal year ending June 30, 1971, \$75,000,000 for the fiscal year ending June 30, 1972, and \$100,000,000 for the fiscal year ending June 30, 1973, and for each of the next two succeeding fiscal years.

(b) Sums appropriated pursuant to subsection (a) for any fiscal year shall remain available for the purpose for which appropriated until the close of the fiscal year which immediately follows such year.

#### GRANTS BY SECRETARY

SEC. 763. (a) From the sums appropriated pursuant to section 762, the Secretary is authorized to make grants, in accordance with the provisions of this part, to carry out the purposes of section 761.

(b) No grant shall be made under this part unless an application therefor has been submitted to, and approved by, the Secretary. Such application shall be in such form, submitted in such manner, and contain such information, as the Secretary shall have prescribed by regulations which have been promulgated by him and published in the Federal Register not later than six months after the date of enactment of this part.

(c) Grants under this part shall be in such amounts and subject to such limitations and conditions as the Secretary may determine to be proper to carry out the purposes of this part.

(d) In the case of any application for a grant any part of which is to be used for major construction or remodeling of any facility, the Secretary shall not approve the part of the grant which is to be so used unless the recipient of such grants enters into appropriate arrangements with the Secretary which will equitably protect the financial interests of the United States in the event such facility ceases to be used for the purpose for which such grant or part thereof was made prior to the expiration of the ten-year period which commences on the date such construction or remodeling is completed.

(e) Grants made under this part shall be used only for the purpose for which made and may be paid in advance or by way of reimbursement, and in such installments as the Secretary may determine.

#### ELIGIBILITY FOR GRANTS

SEC. 764. (a) In order for any medical school to be eligible for a grant under this part, such school—

- (1) must be a public or other nonprofit school of medicine; and
- (2) must be accredited as a school of medicine by a recognized body or bodies approved for such purpose by the Commissioner of Education, except that the requirement of this clause (2) shall be deemed to be satisfied if, (A) in the case of a school of medicine which by reason of no, or an insufficient, period of operation is not, at the time of application for a grant under this part, eligible for such accreditation, the Commissioner finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the school will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation



date of students who are in their first year of instruction at such school during the fiscal year in which the Secretary makes a final determination as to approval of the application.

(b) In order for any hospital to be eligible for a grant under this part, such hospital—

(1) must be a public or private nonprofit hospital; and

(2) must conduct or be prepared to conduct in connection with its other activities (whether or not as an affiliate of a school of medicine) one or more programs of medical training for medical students, interns, or residents, which is accredited by a recognized body or bodies, approved for such purpose by the Commissioner of Education.

#### APPROVAL OF GRANTS

SEC. 765. (a) The Secretary, upon the recommendation of the Council, is authorized to make grants under this part upon the determination that—

(1) the applicant meets the eligibility requirements set forth in section 764;

(2) the applicant has complied with the requirements of section 763;

(3) the grant is to be used for one or more of the purposes set forth in section 761;

(4) it contains such information as the Secretary may require to make the determinations required of him under this section and such assurances as he may find necessary to carry out the purposes of this part;

(5) it provides for such fiscal control and accounting procedures, and reports, and access to the records of the applicant, as the Secretary may require (pursuant to regulations which shall have been promulgated by him and published in the Federal Register) to assure proper disbursement of and accounting for all Federal funds paid to the applicant under this part; and

(6) the application contains or is supported by adequate assurance that any laborer or mechanic employed by any contractor or subcontractor in the performance of work on the construction of the facility will be paid wages at rates not less than those prevailing on similar construction in the locality as determined by the Secretary of Labor in accordance with the Davis-Bacon Act, as amended (40 U.S.C. 276a-276a5). The Secretary of Labor shall have, with respect to the labor standards specified in this paragraph, the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (15 F.R. 3176; 65 Stat. 1267), and section 2 of the Act of June 13, 1934, as amended (40 U.S.C. 276c).

(b) The Secretary shall not approve any grant to—

(1) a school of medicine to establish or operate a separate department devoted to the teaching of family medicine unless the Secretary is satisfied that—

(A) such department is (or will be, when established) of equal standing with the other departments within such school which are devoted to the teaching of other medical specialty disciplines;

(B) such department will, in terms of the subjects offered and the type and quality of instruction provided, be designed to prepare students thereof to meet the standards established for specialists in the specialty of family practice by a recognized body approved by the Commissioner of Education; or



(2) a hospital to establish or operate a special program for medical students, interns, or residents in the field of family medicine unless the Secretary is satisfied that such program will, in terms of the type of training provided, be designed to prepare participants therein to meet the standards established for specialists in the field of family medicine by a recognized body approved by the Commissioner of Education.

(c) The Secretary shall not approve any grant under this part unless the applicant therefor provides assurances satisfactory to the Secretary that funds made available through such grant will be so used as to supplement and, to the extent practical, increase the level of non-Federal funds which would, in the absence of such grant, be made available for the purpose for which such grant is requested.

#### PLANNING AND DEVELOPMENTAL GRANTS

SEC. 766. (a) For the purpose of assisting medical schools and hospitals (referred to in section 761) to plan or develop programs or projects for the purpose of carrying out one or more of the purposes set forth in such section, the Secretary is authorized for any fiscal year (prior to the fiscal year which ends June 30, 1975) to make planning and developmental grants in such amounts and subject to such conditions as the Secretary may determine to be proper to carry out the purposes of this section.

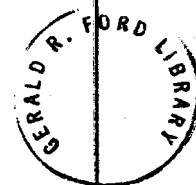
(b) From the amounts appropriated for any fiscal year (prior to the fiscal year ending June 30, 1975) pursuant to section 762(a), the Secretary may utilize such amounts as he deems necessary (but not in excess of \$10,000,000 for any fiscal year) to make the planning and developmental grants authorized by subsection (a).

#### ADVISORY COUNCIL ON FAMILY MEDICINE

SEC. 767. (a) The Secretary shall appoint an Advisory Council on Family Medicine (hereinafter in this section referred to as the 'Council'). The Council shall consist of twelve members, four of whom shall be physicians engaged in the practice of family medicine, four of whom shall be physicians engaged in the teaching of family medicine, and four of whom shall be representatives of the general public. Members of the Council shall be individuals who are not otherwise in the regular full-time employ of the United States.

(b) Each member of the Council shall hold office for a term of four years, except that any member appointed to fill a vacancy prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term, and except that the terms of office of the members first taking office shall expire, as designated by the Secretary at the time of appointment, three at the end of the first year, three at the end of the second year, three at the end of the third year, and three at the end of the fourth year, after the date of appointment. A member shall not be eligible to serve continuously for more than two terms.

(c) Members of the Council shall be appointed by the Secretary without regard to the provisions of title 5, United States Code, governing appointments in the competitive service. Members of the Council, while attending meetings or conferences thereof or otherwise serving on business of the Council, shall be entitled to receive compensation at rates fixed by the Secretary, but not exceeding \$100 per day, including traveltime, and while so serving away from their homes or regular places of business they



may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by section 5703 of title 5, United States Code, for persons in Government service employed intermittently.

(d) The Council shall advise and assist the Secretary in the preparation of regulations for, and as to policy matters arising with respect to, the administration of this title. The Council shall consider all applications for grants under this part and shall make recommendations to the Secretary with respect to approval of applications for and the amounts of grants under this part.

#### DEFINITIONS

SEC. 768. For purposes of this part—

(1) the term "nonprofit" as applied to any hospital or school of medicine, means a school of medicine or hospital which is owned and operated by one or more nonprofit corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual;

(2) the term "family medicine" means those certain principles and techniques and that certain body of medical, scientific, administrative, and other knowledge and training, which especially equip and prepare a physician to engage in the practice of family medicine;

(3) the term "practice of family medicine" and the term "practice", when used in connection with the term "family medicine", mean the practice of medicine by a physician (licensed to practice medicine and surgery by the State in which he practices his profession) who specializes in providing to families (and members thereof) comprehensive, continuing, professional care and treatment of the type necessary or appropriate for their general health maintenance; and

(4) the term "construction" includes construction of new buildings, acquisition, expansion, remodeling, and alteration of existing buildings, and initial equipment of any such buildings, including architects' fees, but excluding the cost of acquisition of land or offsite improvements.

\* \* \* \* \*

### TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

#### PART A—RESEARCH AND INVESTIGATION

\* \* \* \* \*

SEC. 310c. (a) In order to reduce the incidence of malnutrition in the United States, to advance medical knowledge in the causes and effects of malnutrition, and to encourage and facilitate the provision of early detection and effective treatment of malnutrition and the conditions which result therefrom, the Secretary is authorized, out of funds available for carrying out the purposes of this section, to:

(1) make grants-in-aid to and enter into contracts with medical schools, appropriate graduate schools, and nursing schools to assist such schools in establishing courses dealing with malnutrition, its causes and effects, means for its early detection, and effective treatment of malnutrition and conditions resulting therefrom;



(2) make grants-in-aid and enter into contracts with universities, medical schools, hospitals, laboratories and other public or private institutions, and individuals and groups of individuals for research into malnutrition, its causes and effects, means for its detection, and into the effective treatment of malnutrition and conditions resulting therefrom;

(3) establish special projects designed to provide to students of courses in malnutrition practical training and experience in the field of malnutrition; and

(4) provide fellowships and otherwise financially assist students to encourage and enable them to pursue studies and engage in activities in poverty areas relating to malnutrition.

(b) In selecting schools and institutions to carry out the purposes referred to in paragraphs (1) and (2) of subsection (a), priority shall be accorded to those schools and institutions which are located in poverty areas.

(c) For the purpose of carrying out the provisions of this section, there are hereby authorized to be appropriated \$32,000,000 for the fiscal year commencing with the fiscal year ending June 30, 1971, and for each of the next four fiscal years thereafter.

○



ASSISTANCE FOR PROFESSIONAL AND TECHNICAL  
TRAINING IN THE FIELD OF FAMILY MEDICINE



OCTOBER 13, 1970.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. PICKLE, from the Committee on Interstate and Foreign Commerce, submitted the following

REPORT

[To accompany H.R. 19599]

The Committee on Interstate and Foreign Commerce, to whom was referred the bill (H.R. 19599) to amend the Public Health Service Act to provide for the making of grants to medical schools and hospitals to assist them in establishing special departments and programs in the field of family practice, and otherwise to encourage and promote the training of medical and paramedical personnel in the field of family medicine, having considered the same, report favorably thereon without amendment and recommend that the bill do pass.

PRINCIPAL PURPOSE OF LEGISLATION

The reported bill would provide for the establishment of training programs at medical schools and teaching hospitals for the training of medical students to serve as family physicians, and for the training of auxiliary personnel to aid in the practice of family medicine.

HEARINGS: COST

Hearings were held before the Subcommittee on Public Health and Welfare on September 29 and 30, and October 1, 1970. The bill was considered in executive session by the Subcommittee on Public Health and Welfare, and unanimously reported to the full committee, which unanimously ordered the bill reported to the House. Similar legislation (S. 3148) was considered by the Senate Labor and Public Welfare Committee, and unanimously passed the Senate September 14, 1970.

The appropriation authorizations contained in the bill are: \$50 million for fiscal year 1971, \$75 million for fiscal year 1972, and \$100 million for fiscal year 1973.

## EXPLANATION OF THE BILL

Family medicine is a new specialty recently created by the medical profession to describe physicians formerly referred to as general practitioners. The number of persons serving as general practitioners has been steadily declining in recent years as a result of increased specialization in the medical profession. The purpose of this bill is to attempt to halt this trend and possibly reverse it by encouraging medical students to take up family medicine for their professional careers.

The bill would authorize professional and technical training in the field of family medicine. It would provide for the making of grants to public and private nonprofit medical schools, including schools of osteopathy to: (1) operate, as an integral part of their medical education program, separate and distinct departments devoted to providing teaching and instruction (including continuing education) in all phases of family practice; (2) construct such facilities as may be appropriate to carry out a program of training in the field of family medicine whether as a part of a medical school or as separate outpatient or similar facility; (3) operate, or participate in, special training programs for paramedical personnel in the field of family medicine; and (4) operate, or participate in, special training programs to teach and train medical personnel to head departments of family practice or otherwise teach family practice in medical schools.

It would further provide for grants to public and private nonprofit hospitals, which provide training programs for medical students, interns, or residents to: (1) operate, as an integral part of their medical training programs, special professional training programs (including continuing education) in the field of family medicine for medical students, interns, residents, or practicing physicians; (2) construct such facilities as may be appropriate to carry out a program of training in the field of family medicine whether as a part of a hospital or as a separate outpatient or similar facility; (3) provide financial assistance (in the form of scholarships, fellowships, or stipends) to interns, residents, or other medical personnel who are in need thereof, who are participants in a program of such hospital which provides special training (accredited by a recognized body or bodies approved for such purpose by the Commissioner of Education) in the field of family medicine, and who plan to specialize or work in the practice of family medicine; and (4) operate, or participate in, special training programs for paramedical personnel in the field of family medicine.

For the purpose of assisting medical schools and hospitals to plan or develop programs or projects for the purpose of carrying out one or more of the purposes set forth in title I of the bill, the Secretary of HEW is authorized to make planning and developmental grants. Not more than \$5 million of funds appropriated in each fiscal year may be utilized for these planning and development grants.

The bill further provides that the Secretary shall appoint an Advisory Council on Family Medicine. The Council shall consist of 12 members, four of whom shall be physicians engaged in the practice of family medicine, four of whom shall be physicians engaged in the teaching of family medicine, three of whom shall be representatives of the general public and one of whom shall, at the time of his appointment, be an intern in family medicine. The Council shall advise and

assist the Secretary in the preparation of regulations for, and as to policy matters arising with respect to, the administration of the program. The Council shall consider all applications for grants under the program and shall make recommendations to the Secretary with respect to approval of applications for and of the amounts of grants.

## ISSUES PRESENTED BY THE BILL

## 1. SEPARATE DEPARTMENTS OF FAMILY MEDICINE

The committee heard a variety of points of view concerning the requirement in the bill that in order to be eligible for assistance a school of medicine (or osteopathy) must either have established or be in the process of establishing a separate and coequal department of family medicine. The committee feels the requirement is both sound and necessary. It is persuaded by those who testified that unless such a requirement does in fact exist, there is little or no incentive for the already financially beleaguered schools of medicine to establish a new organizational entity.

## 2. ROLE OF ADVISORY COUNCIL

The committee carefully considered the proposed role of the Advisory Council. Its consideration included the necessity that the Council be in a position to advise and assist the Secretary of Health, Education, and Welfare on the issues of major policy which will inevitably arise as well as be able to make recommendations to him with regard to the approval of request for grant assistance. At the same time the committee is fully aware of the need to avoid the stultifying effect on program administration that might result from an overly zealous Council. The committee believes that an appropriate balance between these two positions can be found in the operation of the National Advisory Council on Regional Medical Programs, established under title IX of the Public Health Service Act. Accordingly, it has reported language for the Council on Family Medicine, which closely parallels that of the Regional Medical Programs Council. On so doing the committee intends that the Council herein established will function with respect to policy formulation and grant review in essentially the same way as the RMP Council has functioned.

## 3. PLANNING AND DEVELOPMENT GRANTS

The committee, while being strongly persuaded that a separate and coequal department of family medicine is essential in order to achieve the purposes of the bill, nevertheless well recognizes that most medical schools do not yet have such departments, though many are or are about to begin planning for a separate department. Therefore, the committee has authorized planning and development grants in order to give assistance and encouragement to this trend.

## 4. CONTINUING EDUCATION OF PHYSICIANS

The committee believes that the value of the specialty of family medicine is by no means limited to the initial, graduate, or immediate postgraduate training of physicians. In point of fact both educational

and practical activities in the area of family medicine are highly relevant to the practicing physician. Accordingly, the committee has explicitly included continuing education activities as eligible for support under the bill.

#### 5. OSTEOPATHS AND SCHOOLS OF OSTEOPATHY

Osteopaths and schools of osteopathy have and are making a significant contribution to family medicine through their patterns of practice and their curriculums. Their full participation in the programs authorized by this bill is both desirable and essential. Since the committee understands that HEW defines "schools of medicine" to include schools of osteopathy for purposes of qualifying for grant assistance, the committee did not feel the necessity of identifying them by name in the bill. Additionally, no specification of osteopaths was made with regard to the membership of the Advisory Council, though clearly there are many eminent osteopaths whose contribution to the Council would be invaluable.

#### 6. MAINTENANCE OF EFFORT

The committee intends that the proposed section 765(c) which states "The Secretary shall not approve any grant under this part unless the applicant therefore provide assurances satisfactory to the Secretary that funds made available through such grant will be so used as to supplement and, to the extent practical, increase the level of non-Federal funds which would, in the absence of such grant, be made available for the purpose for which such grant is requested" shall not be constructed so as to exclude the hospitals of the Veterans' Administration, the Public Health Service or other Federal agencies from competing for such grants when they meet all other requirements under the bill.

#### 7. CONSTRUCTION OF FACILITIES

The bill includes authority for the construction of facilities appropriate to training programs in family medicine whether as a part of a medical school, hospital, separate outpatient facility, or similar facility. The committee encourages the use of this authority in innovative and experimental ways. For example, a medical school or hospital might wish to construct a facility in an area of severe economic blight, regardless of its immediate proximity to that medical school or hospital, in order to provide training in family medicine while providing high quality services.

#### JUSTIFICATION OF COSTS

During the hearings, Dr. Edward J. Kowalewski, president of the American Academy of General Practice, stated with respect to the authorizations contained in the reported bill, as follows:

I would now like to touch upon the amount of funds which would be authorized by these bills. I should preface my remarks with the statement that the figures which I will be using are estimates which are subject to many variables in different situations.

Based upon an approximate cost of \$300,000 for establishing a department of family practice in a medical school or teaching hospital, 40 medical schools and 130 hospitals could establish programs during the first year for which funds are authorized. This would cost \$51 million.

The cost of maintaining these programs would drop to \$250,000 after the first year. Although construction costs will not exist after the first year, additional residents would be added to the programs, thereby making the net decrease in funds only \$50,000. To maintain the original 170 programs during the second year would cost \$42½ million. Twenty new medical school programs and 80 new hospital programs could be added the third year at a cost of \$30 million. Total costs for the second year would be \$72½ million.

During the third year, it would cost \$67½ million to maintain the 270 existing programs. Fifteen new medical school programs and 90 new hospital programs could be added the third year at a cost of \$31½ million. Total costs for the year would be \$99 million.

#### AGENCY REPORTS

The reported bill is a clean bill, introduced after the conclusion of the hearings, and therefore no agency reports have been received on the bill. Reports on H.R. 15793 and H.R. 13063, however, deal with the subject matters covered by the bill, and are therefore set forth below:

EXECUTIVE OFFICE OF THE PRESIDENT,  
OFFICE OF MANAGEMENT AND BUDGET,  
*Washington, D.C., July 9, 1970.*

HON. HARLEY O. STAGGERS,  
*Chairman, Committee on Interstate and Foreign Commerce, House of Representatives, Rayburn House Office Building, Washington, D.C.*

DEAR MR. CHAIRMAN: This is in response to your request for the views of the Office of Management and Budget on H.R. 15793, a bill to amend the Public Health Service Act to provide for the making of grants to medical schools and hospitals to assist them in establishing special departments and programs in the field of family practice, and otherwise to encourage and promote the training of medical and paramedical personnel in the field of family medicine.

In a report being furnished to your committee, the Department of Health, Education, and Welfare states its reasons for recommending against the enactment of H.R. 15793.

We concur in the views of the Department of Health, Education, and Welfare, and, accordingly, recommend that your committee not give favorable consideration to H.R. 15793.

Sincerely,

WILFRED H. ROMMEL,  
*Assistant Director for Legislative Reference.*

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE.  
OFFICE OF THE SECRETARY.  
Washington, D.C., July 7, 1970.

HON. HARLEY O. STAGGERS,  
Chairman, Committee on Interstate and Foreign Commerce, House of  
Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: This letter is in response to your request of February 13, 1970, for a report on H.R. 15793, a bill to amend the Public Health Service Act to provide for the making of grants to medical schools and hospitals to assist them in establishing special departments and programs in the field of family practice, and otherwise to encourage and promote the training of medical and paramedical personnel in the field of family medicine.

The bill would authorize a new 5-year program of grants to medical schools—

- (1) To operate separate departments devoted to teaching and instruction in all phases of family practice;
- (2) To construct facilities appropriate to carry out family practice training programs whether as a part of a medical school or as a separate outpatient or similar facility;
- (3) To operate or participate in special training programs for paramedical personnel in the field of family medicine; and
- (4) To operate or participate in special training programs for medical personnel to head departments of family practice or otherwise teach family practice in medical schools.

The bill would also authorize grants to public or private nonprofit hospitals which train medical students, interns, or residents—

- (1) To operate special professional training programs in family medicine for medical students, interns, or residents;
- (2) To construct facilities appropriate to carry out these programs whether as part of a hospital or as a separate outpatient or similar facility;
- (3) To provide scholarships, fellowships, or stipends to interns, residents, or other medical personnel in need of such assistance, who are participants in accredited training programs in the field of family medicine and who plan to specialize or work in the practice of family medicine; and
- (4) To operate or participate in special programs for training paramedical personnel in the field of family medicine.

For the purpose of making the grants to medical schools and to hospitals, the bill would authorize appropriations of \$50 million for fiscal year 1971, \$75 million for fiscal year 1972, and \$100 million each for fiscal years 1973, 1974, and 1975.

We are in full accord with the objective of encouraging and promoting the training of physicians and paramedical personnel to help to meet the needs of each patient for personalized and unfragmented care for all of his health needs as an individual in a particular family in a given community at a particular time. At a time of increasing specialization and with a variety of types of personnel and facilities often contributing to the care of a single patient, educational programs for health manpower at all levels must emphasize this aspect of training.

Methods of achieving the goal of personalized and unfragmented care for each individual—including not only diagnosis and treatment of illness but also preventive and rehabilitative services—are in a state of experimentation and change. A variety of terms is used to describe the kind of care or practice, or the type of practitioner, that is wanted: family practice, general practice, personal medicine, primary care, first-contact physician, generalist, comprehensive medical care.

A number of schools of medicine and osteopathy and their teaching hospitals have used, or have indicated their intention to use, at least a portion of their formula grants or their special project grants under the health professions educational assistance program to support the teaching of continuity, primary, or family-oriented care through a variety of means. Some schools are gearing their entire educational program to the production of family physicians; some are establishing separate departments of family practice or family medicine; others are developing family practice or "primary care" programs on an inter-departmental basis.

Among the medical schools that have been awarded special project grants for expansion of enrollment (including physician augmentation projects) under the health professions educational assistance program, a number will give additional emphasis to the teaching of family medicine in the course of achieving the goal of increased output.

The health professions educational assistance program has aided in the construction of facilities for all teaching purposes in medical schools including their affiliated hospitals. We are trying to remove artificial barriers to sound planning and construction of the institution as a whole, rather than create them through categorical construction aid.

Several other legislative authorities already exist under which activities related to the field of family medicine as contemplated under H.R. 15793 may be aided. Authority for Federal support of training of physician assistants and other new types of paramedical personnel exists under the allied health professions personnel training authority for developmental grants (sec. 794, Public Health Service Act) and under the new health professions educational assistance special project grant authority which went into effect July 1, 1969.

A number of projects involving the preparation of nurses to play a role in the provision of family-oriented medical care have been conducted under nurse training and public health training authorities. These have included, among others, projects to plan and evaluate experimental training programs for such clinical nursing specialists as pediatric nurse practitioners.

The Hill-Burton medical facilities construction program provides support for the construction and modernization of private, nonprofit medical facilities, including ambulatory care facilities of the type required for family medicine teaching programs.

At the level of internship and residency training, concern for the need for more training in the provision of personalized or family-oriented continuing medical care is reflected in the recent creation of family practice as a new medical specialty. There is pressure also for increased emphasis on training in continuous, comprehensive patient care in other specialty training programs such as internal medicine, pediatrics, and obstetrics. The costs of interns' and residents' salaries

(and to a somewhat lesser extent, teaching costs for these training programs) now are met largely out of payments for services, including reimbursements for care under medicare and medicaid.

In view of the evolving character of the concept of family medicine, there are advantages to aiding activities in this field under broad, flexible legislative authorities such as those contained in the Health Professions Educational Assistance Act. This type of authority permits the support of alternative approaches to training in the provision of comprehensive and continuing care to individuals and families, pending further evaluation of the various mechanisms for educating personnel and organizing medical services in this field. It also allows aid for training in family medicine to be provided in conjunction with aid directed toward another purpose such as expansion of enrollment of medical schools.

The health professions educational assistance authority is due to expire on June 30, 1971. Because of the close relationship between the family medicine activities proposed in the instant bill and the health professions educational assistance programs, we recommend that action on that bill be deferred until the recommendations on the Health Professions Educational Assistance Act have been completed. In any event, however, we would strongly oppose the enactment of another categorical grant authority, such as that embodied in the bill, which would duplicate authorities or mechanisms already existing to achieve the purpose of this legislation.

We are advised by the Office of Management and Budget that there is no objection to the presentation of this report from the standpoint of the administration's program.

Sincerely,

ELLIOT L. RICHARDSON, *Secretary.*

COMPTROLLER GENERAL OF THE UNITED STATES,  
Washington, D.C., September 4, 1969.

B-74254.

HON. HARLEY O. STAGGERS,  
*Chairman, Committee on Interstate and Foreign Commerce, House of Representatives.*

DEAR MR. CHAIRMAN: By letter dated July 25, 1969, you requested our comments on H.R. 13063, a bill to amend the Public Health Service Act to provide grants to develop training in family medicine.

The bill would authorize funds to be appropriated over a 3-year period for grants to medical schools to assist in meeting the costs of special projects to plan, develop, or establish new programs or modifications of existing programs of education in the field of family medicine, and including the development and equipment of appropriate facilities.

We note that the proposed program is similar in many respects to an existing grant program administered by the Department of Health, Education, and Welfare (HEW), which is authorized under part E of title VII of the Public Health Service Act under the caption "Grants To Improve the Quality of Schools of Medicine, Dentistry, Osteopathy, Optometry, and Podiatry."

Under the existing program, two types of improvement grants, that is, basic institutional and special project grants, may be made to schools of medicine. Basic institutional grants are formula grants based on student enrollment and may be used for any purpose, other than those prohibited by regulations, which each school determines will most effectively advance the quality of its educational program. Special project grants are to be used among other things in meeting the cost of special projects to plan, develop, and establish new programs or modifications of existing programs of education.

The proposed program in the area of family medicine could possibly be undertaken under the existing program. Therefore, the committee may wish to consider the relationship of the grants to be authorized under this bill to the grant programs already authorized under part E of title VII.

It is not clear from the language in the proposed section 761 whether or not it was intended that grant funds could be made available to finance the construction of facilities. We believe that the language of the bill should be clarified in this respect by substituting the word "construction" for "development" in line 10, page 2. We note that part B of title VII of the Public Health Service Act already authorizes a program of grants to medical schools for construction and initial equipping of teaching facilities for medical personnel.

The bill does not provide for a review of grant applications by a National Advisory Council. The legislation authorizing the previously cited program, and most other grant programs administered by the National Institutes of Health, require the Secretary of HEW to consult with a National Advisory Council before approving or disapproving any grant application. The committee may wish to provide a similar requirement in this bill.

The proposed part D does not contain an access to records and audit authority for the Comptroller General of the United States. We recommend that the bill be amended to include such authority. This could be accomplished by omitting the proposed subsection 762(c)(4) and substituting the following language:

"(4) Each recipient of assistance under this part shall keep such records as the Secretary of Health, Education, and Welfare shall prescribe, including records which fully disclose the amount and disposition by such recipient of the proceeds of such assistance, the total cost of the project or undertaking in connection with which such assistance is given or used, and the amount of that portion of the cost of the project or undertaking supplied by other sources, and such other records as will facilitate an effective audit;

"(5) The Secretary of Health, Education, and Welfare and the Comptroller General of the United States, or any of their duly authorized representatives, shall have access for the purpose of audit and examination to any books, documents, papers, and records of the recipients that are pertinent to the assistance received under this part."

Similar provisions are contained in various acts relating to health programs. See sections 280b-11(b), 291d(11), 299i(b), 2697(b), and 2956-5 of title 42, United States Code.

Under section 202 of the Intergovernmental Cooperation Act of 1968, Public Law 90-577, 82 Stat. 1101, the Comptroller General and heads of Federal agencies have access to records pertaining to grants-

in-aid received by the States. However, section 202 does not cover political subdivisions of States or beneficiaries other than States, which are grant recipients.

Sincerely yours,

R. F. KELLER

(For the Comptroller General of the United States).

#### CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3 of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman):

#### PART D OF TITLE VII OF THE PUBLIC HEALTH SERVICE ACT

##### [PART D—CENTERS FOR RESEARCH ON MENTAL RETARDATION AND RELATED ASPECTS OF HUMAN DEVELOPMENT

###### [AUTHORIZATION OF APPROPRIATIONS

[SEC. 761. There are authorized to be appropriated \$6,000,000 for the fiscal year ending June 30, 1964, \$8,000,000 for the fiscal year ending June 30, 1965, and \$6,000,000 each for the fiscal year ending June 30, 1966, and the fiscal year ending June 30, 1967, for project grants to assist in meeting the costs of construction of facilities for research or research and related purposes, relating to human development, whether biological, medical, social, or behavioral, which may assist in finding the causes, and means of prevention, of mental retardation, or in finding means of ameliorating the effects of mental retardation. Sums so appropriated shall remain available until expended for payments with respect to projects for which applications have been filed under this part before July 1, 1967, and approved by the Surgeon General thereunder before July 1, 1968.

###### [APPLICATIONS

[SEC. 762. (a) Applications for grants under this part with respect to any facility may be approved by the Surgeon General only if—

[(1) the applicant is a public or nonprofit institution which the Surgeon General determines is competent to engage in the type of research for which the facility is to be constructed; and

[(2) the application contains or is supported by reasonable assurances that (A) for not less than twenty years after completion of construction, the facility will be used for the research, or research and related purposes, for which it was constructed;

(B) sufficient funds will be available for meeting the non-Federal share of the cost of constructing the facility; (C) sufficient funds will be available, when the construction is completed, for effective use of the facility for the research, or research and related purposes, for which it was constructed; and (D) all laborers and mechanics employed by contractors or subcontractors in the performance of work on construction of the center will be paid wages at rates not less than those prevailing on

similar construction in the locality as determined by the Secretary of Labor in accordance with the Davis-Bacon Act, as amended (40 U.S.C. 276a—276a-5); and the Secretary of Labor shall have, with respect to the labor standards specified in the clause (D) the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (15 F.R. 3176; 5 U.S.C. 133z-15), and section 2 of the Act of June 13, 1934, as amended (40 U.S.C. 276c).

[(b) In acting on applications for grants, the Surgeon General shall take into consideration the relative effectiveness of the proposed facilities in expanding the Nation's capacity for research and related purposes in the field of mental retardation and related aspects of human development, and such other factors as he, after consultation with the national advisory council or councils concerned with the field or fields of research involved, may by regulation prescribe in order to assure that the facilities constructed with such grants, severally and together, will best serve the purpose of advancing scientific knowledge pertaining to mental retardation and related aspects of human development.

###### [AMOUNT OF GRANTS; PAYMENTS

[SEC. 763. (a) The total of the grants with respect to any project for the construction of a facility under this part may not exceed 75 per centum of the necessary cost of construction of the center as determined by the Surgeon General.

[(b) Payments of grants under this part shall be made in advance or by way of reimbursement, in such installments consistent with construction progress, and on such conditions as the Surgeon General may determine.

[(c) No grant may be made after January 1, 1964, under any provision of this Act other than this part, for any of the four fiscal years in the period beginning July 1, 1963, and ending June 30, 1967, for construction of any facility described in this part, unless the Surgeon General determines that funds are not available under this part to make a grant for the construction of such facility.

###### [RECAPTURE OF PAYMENTS

[SEC. 764. If, within twenty years after completion of any construction for which funds have been paid under this part—

[(1) the applicant or other owner of the facility shall cease to be a public or nonprofit institution, or

[(2) the facility shall cease to be used for the research purposes, or research and related purposes, for which it was constructed, unless the Surgeon General determines, in accordance with regulations, that there is good cause for releasing the applicant or other owner from the obligation to do so, the United States shall be entitled to recover from the applicant or other owner of the facility the amount bearing the same ratio to the then value (as determined by agreement of the parties or by action brought in the United States district court for the district in which such facility is situated) of the facility, as the amount of the Federal participation bore to the cost of construction of such facility.

**[NONINTERFERENCE WITH ADMINISTRATION OF INSTITUTIONS**

**[SEC. 765.** Except as otherwise specifically provided in this part, nothing contained in this part shall be construed as authorizing any department, agency, officer, or employee of the United States to exercise any direction, supervision, or control over, or impose any requirement or condition with respect to, the research or related purposes conducted by, and the personnel or administration of, any institution.

**[DEFINITIONS**

**[SEC. 766.** As used in this part—

**[(1)** the terms "construction" and "cost of construction" include (A) the construction of new buildings and the expansion, remodeling, and alteration of existing buildings, including architects' fees, but not including the cost of acquisition of land or off-site improvements, and (B) equipping new buildings and existing buildings, whether or not expanded, remodeled, or altered;

**[(2)** the term "nonprofit institution" means an institution owned and operated by one or more corporations or associations no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.]

**PART D—GRANTS TO PROVIDE PROFESSIONAL AND TECHNICAL TRAINING IN THE FIELD OF FAMILY MEDICINE**

**DECLARATION OF PURPOSE**

**SEC. 761.** It is the purpose of this part to provide for the making of grants to assist—

(a) public and private nonprofit medical schools—

(1) to operate, as an integral part of their medical education program, separate and distinct departments devoted to providing teaching and instruction in all phases of family practice;

(2) to construct such facilities as may be appropriate to carry out a program of training in the field of family medicine whether as a part of a medical school or as separate outpatient or similar facility;

(3) to operate, or participate in, special training programs for paramedical personnel in the field of family medicine; and

(4) to operate, or participate in, special training programs to teach and train medical personnel to head departments of family practice or otherwise teach family practice in medical schools.

(b) public and private nonprofit hospitals which provide training programs for medical students, interns, or residents—

(1) to operate, as an integral part of their medical training programs, special professional training programs in the field of family medicine for medical students, interns, or residents;

(2) to construct such facilities as may be appropriate to carry out a program of training in the field of family medicine whether as a part of a hospital or as a separate outpatient or similar facility;

(3) to provide financial assistance (in the form of scholarships, fellowships, or stipends) to interns, residents, or other medical

personnel who are in need thereof, who are participants in a program of such hospital which provides special training (accredited by a recognized body or bodies approved for such purpose by the Commissioner of Education) in the field of family medicine, and who plan to specialize or work in the practice of family medicine; and

(4) to operate, or participate in, special training programs for paramedical personnel in the field of family medicine.

**AUTHORIZATION OF APPROPRIATIONS**

**SEC. 762.** (a) For the purpose of making grants to carry out the purposes of this part, there are authorized to be appropriated \$50,000,000 for the fiscal year ending June 30, 1971, \$75,000,000 for the fiscal year ending June 30, 1972, and \$100,000,000 for the fiscal year ending June 30, 1973, and for each of the next two succeeding fiscal years.

(b) Sums appropriated pursuant to subsection (a) for any fiscal year shall remain available for the purpose for which appropriated until the close of the fiscal year which immediately follows such year.

**GRANTS BY SECRETARY**

**SEC. 763.** (a) From the sums appropriated pursuant to section 762, the Secretary is authorized to make grants, in accordance with the provisions of this part, to carry out the purposes of section 761.

(b) No grant shall be made under this part unless an application therefor has been submitted to, and approval by, the Secretary. Such application shall be in such form, submitted in such manner, and contain such information as the Secretary shall have prescribed by regulations which have been promulgated by him and published in the Federal Register not later than six months after the date of enactment of this part.

(c) Grants under this part shall be in such amounts and subject to such limitations and conditions as the Secretary may determine to be proper to carry out the purposes of this part.

(d) In the case of any application for a grant any part of which is to be used for major construction or remodeling of any facility, the Secretary shall not approve the part of the grant which is to be so used unless the recipient of such grant enters into appropriate arrangements with the Secretary which will equitably protect the financial interests of the United States in the event such facility ceases to be used for the purpose for which such grant or part thereof was made prior to the expiration of the twenty-year period which commences on the date such construction or remodeling is completed.

(e) Grants made under this part shall be used only for the purpose for which made and may be paid in advance or by way of reimbursement, and in such installments as the Secretary may determine.

**ELIGIBILITY FOR GRANTS**

**SEC. 764.** (a) In order for any medical school to be eligible for a grant under this part, such school—

(1) must be a public or other nonprofit school of medicine, and

(2) must be accredited as a school of medicine by a recognized body or bodies approved for such purpose by the Commissioner of Education, except that the requirements of this clause (2) shall be deemed

to be satisfied, if (A) in the case of a school of medicine which by reason of no, or an insufficient, period of operation is not, at the time of application for a grant under this part, eligible for such accreditation, the Commissioner finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the school will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of students who are in their first year of instruction at such school during the fiscal year in which the Secretary makes a final determination as to approval of the application.

(b) In order for any hospital to be eligible for a grant under this part, such hospital—

(1) must be a public or private nonprofit hospital; and

(2) must conduct or be prepared to conduct in connection with its other activities (whether or not as an affiliate of a school of medicine) one or more programs of medical training for medical students, interns, or residents, which is accredited by a recognized body or bodies, approved for such purpose by the Commissioner of Education.

#### APPROVAL OF GRANTS

Sec. 765. (a) A grant under this part may be made only if the application thereof is recommended for approval by the Advisory Council on Family Medicine and is approved by the Secretary upon his determination that—

(1) the applicant meets the eligibility requirements set forth in section 764;

(2) the applicant has complied with the requirements of section 763;

(3) the grant is to be used for one or more of the purposes set forth in section 761;

(4) it contains such information as the Secretary may require to make the determinations required of him under this section and such assurances as he may find necessary to carry out the purposes of this part;

(5) it provides for such fiscal control and accounting procedures and reports, and access to the records of the applicant, as the Secretary may require (pursuant to regulations which shall have been promulgated by him and published in the Federal Register) to assure proper disbursement of and accounting for all Federal funds paid to the applicant under this part; and

(6) the application contains or is supported by adequate assurance that any laborer or mechanic employed by any contractor or subcontractor in the performance of work on the construction of the facility will be paid wages at rates not less than those prevailing on similar construction in the locality as determined by the Secretary of Labor in accordance with the Davis-Bacon Act, as amended (40 U.S.C. 276a-276a5). The Secretary of Labor shall have, with respect to the labor standards specified in this paragraph, the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (15 F.R., 3176; 65 Stat. 1267), and section 2 of the Act of June 13, 1934, as amended (40 U.S.C. 276c).

(b) The Secretary shall not approve any grant to—

(1) a school of medicine to establish or operate a separate department devoted to the teaching of family medicine unless the Secretary is satisfied that—

(A) such department is (or will be, when established) of equal standing with the other departments within such school which are devoted to the teaching of other medical specialty disciplines;

(B) such department will, in terms of the subjects offered and the type and quality of instruction provided, be designed to prepare students thereof to meet the standards established for specialists in the specialty of family practice by a recognized body approved by the Commissioner of Education; or

(2) a hospital to establish or operate a special program for medical students, interns, or residents in the field of family medicine unless the Secretary is satisfied that such program will, in terms of the type of training provided, be designed to prepare participants therein to meet the standards established for specialists in the field of family medicine by a recognized body approved by the Commissioner of Education.

(c) The Secretary shall not approve any grant under this part unless the applicant therefor provides assurances satisfactory to the Secretary that funds made available through such grant will be so used as to supplement and, to the extent practical, increase the level of non-Federal funds which would, in the absence of such grant, be made available for the purpose for which such grant is requested.

#### PLANNING GRANTS

Sec. 766. (a) For the purpose of assisting medical schools and hospitals (referred to in section 761) to plan projects for the purpose of carrying out one or more of the purposes set forth in such section, the Secretary is authorized for any fiscal year (prior to the fiscal year which ends June 30, 1975) to make planning grants in such amounts and subject to such conditions as the Secretary may determine to be proper to carry out the purposes of this section.

(b) From the amounts appropriated in any fiscal year (prior to the fiscal year ending June 30, 1975) pursuant to section 762(a), the Secretary may utilize such amounts as he deems necessary (but not in excess of \$5,000,000 for any fiscal year) to make the planning grants authorized by subsection (a).

#### ADVISORY COUNCIL ON FAMILY MEDICINE

Sec. 767. (a) The Secretary shall appoint an Advisory Council on Family Medicine (hereinafter in this section referred to as the "Council"). The Council shall consist of twelve members, four of whom shall be physicians engaged in the practice of family medicine, four of whom shall be physicians engaged in the teaching of family medicine, three of whom shall be representatives of the general public, and one of whom shall, at the time of his appointment, be an intern in family medicine. Members of the Council shall be individuals who are not otherwise in the regular full-time employ of the United States.

(b)(1) Except as provided in paragraph (2), each member of the Council shall hold office for a term of four years, except that any member appointed



to fill a vacancy prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term, and except that the terms of office of the members first taking office shall expire, as designated by the Secretary at the time of appointment, three at the end of the first year, three at the end of the second year, three at the end of the third year, and three at the end of the fourth year, after the date of appointment.

(2) The member of the Council appointed as an intern in family medicine shall serve for one year.

(3) A member of the Council shall not be eligible to serve continuously for more than two terms.

(c) Members of the Council shall be appointed by the Secretary without regard to the provisions of title 5, United States Code, governing appointments in the competitive service. Members of the Council, while attending meetings or conferences thereof or otherwise serving on business of the Council, shall be entitled to receive compensation at rates fixed by the Secretary, but not exceeding \$100 per day, including traveltime, and while so serving away from their homes or regular places of business they may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by section 5703 of title 5, United States Code, for persons in Government service, employed intermittently.

(d) The Council shall advise and assist the Secretary in the preparation of regulations for, and as to policy matters arising with respect to, the administration of this title. The Council shall consider all applications for grants under this part and shall make recommendations to the Secretary with respect to approval of applications for grants under this part.

#### DEFINITIONS

SEC. 768. For purposes of this part—

(1) the term "nonprofit" as applied to any hospital or school of medicine means a school of medicine or hospital which is owned and operated by one or more nonprofit corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual;

(2) the term "family medicine" means those certain principles and techniques and that certain body of medical, scientific, administrative, and other knowledge and training, which especially equip and prepare a physician to engage in the practice of family medicine;

(3) the term "practice of family medicine" and the term "practice," when used in connection with the term "family medicine", mean the practice of medicine by a physician (licensed to practice medicine and surgery by the State in which he practices his profession) who specializes in providing to families (and members thereof) comprehensive, continuing, professional care and treatment of the type necessary or appropriate for their general health maintenance; and

(4) the term "construction" includes construction of new buildings, acquisition, expansion, remodeling, and alteration of existing buildings, and initial equipment of any such buildings, including architects' fees, but excluding the cost of acquisition of land or offsite improvements.



TRAINING OF FAMILY PHYSICIANS

DECEMBER 3, 1970.—Ordered to be printed



Mr. STAGGERS, from the committee of conference  
submitted the following

CONFERENCE REPORT

[To accompany S. 3418]

The committee of conference on the disagreeing votes of the two Houses on the amendments of the House to the bill (S. 3418) to amend the Public Health Service Act to provide for the making of grants to medical schools and hospitals to assist them in establishing special departments and programs in the field of family practice, and otherwise to encourage and promote the training of medical and paramedical personnel in the field of family medicine, and to alleviate the effects of malnutrition, and to provide for the establishment of a National Information and Resource Center for the Handicapped, having met, after full and free conference, have agreed to recommend and do recommend to their respective Houses as follows:

That the Senate recede from its disagreement to the amendment of the House to the text of the bill and agree to the same with an amendment as follows:

In lieu of the matter proposed to be inserted by the House amendment insert the following:

*TITLE I—FAMILY MEDICINE*

*SEC. 101. Part D of title VII of the Public Health Service Act is amended to read as follows:*

*"PART D—GRANTS TO PROVIDE PROFESSIONAL AND TECHNICAL TRAINING IN THE FIELD OF FAMILY MEDICINE*

*"DECLARATION OF PURPOSE*

*"SEC. 761. It is the purpose of this part to provide for the making of grants to assist—*

"(1) public and private nonprofit medical schools—

"(A) to operate, as an integral part of their medical education program, separate and distinct departments devoted to providing teaching and instruction (including continuing education) in all phases of family practice;

"(B) to construct such facilities as may be appropriate to carry out a program of training in the field of family medicine whether as a part of a medical school or as separate outpatient or similar facility;

"(C) to operate, or participate in, special training programs for paramedical personnel in the field of family medicine; and

"(D) to operate, or participate in, special training programs to teach and train medical personnel to head departments of family practice or otherwise teach family practice in medical schools; and

"(2) public and private nonprofit hospitals which provide training programs for medical students, interns, or residents—

"(A) to operate, as an integral part of their medical training programs, special professional training programs (including continuing education) in the field of family medicine for medical students, interns, residents, or practicing physicians;

"(B) to construct such facilities as may be appropriate to carry out a program of training in the field of family medicine whether as a part of a hospital or as a separate outpatient or similar facility;

"(C) to provide financial assistance (in the form of scholarships, fellowships, or stipends) to interns, residents, or other medical personnel who are in need thereof, who are participants in a program of such hospital which provides special training (accredited by a recognized body or bodies approved for such purpose by the Commissioner of Education) in the field of family medicine, and who plan to specialize or work in the practice of family medicine; and

"(D) to operate, or participate in, special training programs for paramedical personnel in the field of family medicine.

#### "AUTHORIZATION OF APPROPRIATIONS

"SEC. 762. (a) For the purpose of making grants to carry out the purposes of this part, there are authorized to be appropriated \$50,000,000 for the fiscal year ending June 30, 1971, \$75,000,000 for the fiscal year ending June 30, 1972, and \$100,000,000 for the fiscal year ending June 30, 1973.

"(b) Sums appropriated pursuant to subsection (a) for any fiscal year shall remain available for the purpose for which appropriated until the close of the fiscal year which immediately follows such year.

#### "GRANTS BY SECRETARY

"SEC. 763. (a) From the sums appropriated pursuant to section 762, the Secretary is authorized to make grants, in accordance with the provisions of this part, to carry out the purposes of section 761.

"(b) No grant shall be made under this part unless an application therefor has been submitted to, and approved by, the Secretary. Such application shall be in such form, submitted in such manner, and contain such information, as the Secretary shall have prescribed by regulations which have been promulgated by him and published in the Federal Register not later than six months after the date of enactment of this part.

"(c) Grants under this part shall be in such amounts and subject to such limitations and conditions as the Secretary may determine to be proper to carry out the purposes of this part.

"(d) In the case of any application for a grant any part of which is to be used for major construction or remodeling of any facility, the Secretary shall not approve the part of the grant which is to be so used unless the recipient of such grant enters into appropriate arrangements with the Secretary which will equitably protect the financial interests of the United States in the event such facility ceases to be used for the purpose for which such grant or part thereof was made prior to the expiration of the twenty-year period which commences on the date such construction or remodeling is completed.

"(e) Grants made under this part shall be used only for the purpose for which made and may be paid in advance or by way of reimbursement, and in such installments, as the Secretary may determine.

#### "ELIGIBILITY FOR GRANTS

"SEC. 764. (a) In order for any medical school to be eligible for a grant under this part, such school—

"(1) must be a public or other nonprofit school of medicine; and

"(2) must be accredited as a school of medicine by a recognized body or bodies approved for such purpose by the Commissioner of Education, except that the requirements of this clause shall be deemed to be satisfied, if (A) in the case of a school of medicine which by reason of no, or an insufficient, period of operation is not, at the time of application for a grant under this part, eligible for such accreditation, the Commissioner finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the school will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of students who are in their first year of instruction at such school during the fiscal year in which the Secretary makes a final determination as to approval of the application.

"(b) In order for any hospital to be eligible for a grant under this part, such hospital—

"(1) must be a public or private nonprofit hospital; and

"(2) must conduct or be prepared to conduct in connection with its other activities (whether or not as an affiliate of a school of medicine) one or more programs of medical training for medical students, interns, or residents, which is accredited by a recognized body or bodies, approved for such purpose by the Commissioner of Education.

#### "APPROVAL OF GRANTS

"SEC. 765. (a) The Secretary, upon the recommendation of the Advisory Council on Family Medicine, is authorized to make grants under this part upon the determination that—

"(1) the applicant meets the eligibility requirements set forth in section 764;

"(2) the applicant has complied with the requirements of section 763;

"(3) the grant is to be used for one or more of the purposes set forth in section 761;

"(4) it contains such information as the Secretary may require to make the determinations required of him under this section and such assurances as he may find necessary to carry out the purposes of this part;

"(5) it provides for such fiscal control and accounting procedures and reports, and access to the records of the applicant, as the Secretary may require (pursuant to regulations which shall have been promulgated by him and published in the Federal Register) to assure proper disbursement of and accounting for all Federal funds paid to the applicant under this part; and

"(6) the application contains or is supported by adequate assurance that any laborer or mechanic employed by any contractor or subcontractor in the performance of work on the construction of the facility will be paid wages at rates not less than those prevailing on similar construction in the locality as determined by the Secretary of Labor in accordance with the Davis-Bacon Act, as amended (40 U.S.C. 276a-276a5). The Secretary of Labor shall have, with respect to the labor standards specified in this paragraph, the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (15 F.R. 3176; 65 Stat. 1267), and section 2 of the Act of June 13, 1934, as amended (40 U.S.C. 276c).

"(b) The Secretary shall not approve any grant to—

"(1) a school of medicine to establish or operate a separate department devoted to the teaching of family medicine unless the Secretary is satisfied that—

"(A) such department is (or will be, when established) of equal standing with the other departments within such school which are devoted to the teaching of other medical specialty disciplines; and

"(B) such department will, in terms of the subjects offered and the type and quality of instruction provided, be designed to prepare students thereof to meet the standards established for specialists in the specialty of family practice by a recognized body approved by the Commissioner of Education; or

"(2) a hospital to establish or operate a special program for medical students, interns, or residents in the field of family medicine unless the Secretary is satisfied that such program will, in terms of the type of training provided, be designed to prepare participants therein to meet the standards established for specialists in the field of family medicine by a recognized body approved by the Commissioner of Education.

"(c) The Secretary shall not approve any grant under this part unless the applicant therefor provides assurances satisfactory to the Secretary that funds made available through such grant will be so used as to supplement and, to the extent practical, increase the level of non-Federal funds which would, in the absence of such grant, be made available for the purpose for which such grant is requested.

#### "PLANNING AND DEVELOPMENTAL GRANTS

"SEC. 766. (a) For the purpose of assisting medical schools and hospitals (referred to in section 761) to plan or develop programs or projects for the purpose of carrying out one or more of the purposes set forth

in such section, the Secretary is authorized for any fiscal year (prior to the fiscal year which ends June 30, 1973) to make planning and developmental grants in such amounts and subject to such conditions as the Secretary may determine to be proper to carry out the purposes of this section.

"(b) From the amounts appropriated in any fiscal year (prior to the fiscal year ending June 30, 1973) pursuant to section 762(a), the Secretary may utilize such amounts as he deems necessary (but not in excess of \$8,000,000 for any fiscal year) to make the planning and developmental grants authorized by subsection (a).

#### "ADVISORY COUNCIL ON FAMILY MEDICINE

"SEC. 767. (a) The Secretary shall appoint an Advisory Council on Family Medicine (hereinafter in this section referred to as the 'Council'). The Council shall consist of twelve members, four of whom shall be physicians engaged in the practice of family medicine, four of whom shall be physicians engaged in the teaching of family medicine, three of whom shall be representatives of the general public, and one of whom shall, at the time of his appointment, be an intern in family medicine. Members of the Council shall be individuals who are not otherwise in the regular full-time employ of the United States.

"(b)(1) Except as provided in paragraph (2), each member of the Council shall hold office for a term of four years, except that any member appointed to fill a vacancy prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term, and except that the terms of office of the members first taking office shall expire, as designated by the Secretary at the time of appointment, three at the end of the first year, three at the end of the second year, three at the end of the third year, and three at the end of the fourth year, after the date of appointment.

"(2) The member of the Council appointed as an intern in family medicine shall serve for one year.

"(3) A member of the Council shall not be eligible to serve continuously for more than two terms.

"(c) Members of the Council shall be appointed by the Secretary without regard to the provisions of title 5, United States Code, governing appointments in the competitive service. Members of the Council, while attending meetings or conferences thereof or otherwise serving on business of the Council, shall be entitled to receive compensation at rates fixed by the Secretary, but not exceeding \$100 per day, including traveltime, and while so serving away from their homes or regular places of business they may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by section 5703 of title 5, United States Code, for persons in Government service, employed intermittently.

"(d) The Council shall advise and assist the Secretary in the preparation of regulations for, and as to policy matters arising with respect to, the administration of this part. The Council shall consider all applications for grants under this part and shall make recommendations to the Secretary

with respect to approval of applications for, and of the amount of, grants under this part.

"DEFINITIONS

"SEC. 768. For purposes of this part—

"(1) the term 'nonprofit' as applied to any hospital or school of medicine means a school of medicine or hospital which is owned and operated by one or more nonprofit corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual;

"(2) the term 'family medicine' means those certain principles and techniques and that certain body of medical, scientific, administrative, and other knowledge and training, which especially equip and prepare a physician to engage in the practice of family medicine;

"(3) the term 'practice of family medicine' and the term 'practice', when used in connection with the term 'family medicine', mean the practice of medicine by a physician (licensed to practice medicine and surgery by the State in which he practices his profession) who specializes in providing to families (and members thereof) comprehensive, continuing, professional care and treatment of the type necessary or appropriate for their general health maintenance; and

"(4) the term 'construction' includes construction of new buildings, acquisition, expansion, remodeling, and alteration of existing buildings and initial equipment of any such buildings, including architects' fees, but excluding the cost of acquisition of lands or offsite improvements."

TITLE II—MALNUTRITION

SEC. 201. (a) The Secretary of Health, Education, and Welfare shall conduct a study, in cooperation with schools training health professional manpower, of the feasibility and desirability of establishing at such schools courses dealing with nutrition and problems related to malnutrition, and of establishing research programs and pilot projects in the field of nutrition and problems of malnutrition.

(b) The Secretary is authorized to make grants to health professional schools, in connection with the study provided for by subsection (a), for the planning of programs at such schools, and for the conduct of pilot projects at such schools, to assist such schools in the establishment of courses dealing with nutrition and problems related to malnutrition.

(c) The Secretary shall report to the President and to Congress by July 1, 1972, the results of such study, together with such recommendations as he deems advisable.

(d) There is authorized to be appropriated \$5,000,000 to carry out the purposes of this section.

And the House agree to the same.

That the Senate recede from its disagreement to the amendment of the House to the title of the bill and agree to the same with an amendment as follows: Amend the title so as to read: *An Act to amend the Public Health Service Act to provide for the making of grants to medical schools and hospitals to assist them in establishing special departments and programs in the field of family practice, and otherwise to encourage*

and promote the training of medical and paramedical personnel in the field of family medicine and to provide for a study relating to causes and treatment of malnutrition. And the House agree to the same.

HARLEY O. STAGGERS,  
JOHN JARMAN,  
PAUL G. ROGERS,  
TIM LEE CARTER,  
JAMES F. HASTINGS,  
*Managers on the Part of the House.*

RALPH W. YARBOROUGH,  
HARRISON A. WILLIAMS,  
EDWARD M. KENNEDY,  
GAYLORD NELSON,  
THOMAS F. EAGLETON,  
ALAN CRANSTON,  
HAROLD E. HUGHES,  
PETER H. DOMINICK,  
JACOB K. JAVITS,  
GEORGE MURPHY,  
WINSTON PROUTY,  
WILLIAM SAXBE,  
*Managers on the Part of the Senate.*

The House amendment contained no comparable provision. The conference substitute authorizes the Secretary of Health, Education, and Welfare to conduct a study, in cooperation with health professional manpower schools of the feasibility and desirability of establishing courses at such schools in the fields of nutrition and problems relating to malnutrition. \$5,000,000 is authorized for such grants, and for planning of programs and pilot projects, with a report being required to the President and to the Congress before July 1, 1972, together with such recommendations as the Secretary deems advisable.

HARLEY O. STAGGERS,  
JOHN JARMAN,  
PAUL G. ROGERS,  
TIM LEE CARTER,  
JAMES F. HASTINGS,  
*Managers on the Part of the House.*

## STATEMENT OF THE MANAGERS ON THE PART OF THE HOUSE

The managers on the part of the House at the conference on the disagreeing votes of the two House on the amendments of the House to the bill (S. 3418) to amend the Public Health Service Act to provide for the making of grants to medical schools and hospitals to assist them in establishing special departments and programs in the field of family practice, and otherwise to encourage and promote the training of medical and paramedical personnel in the field of family medicine, and to alleviate the effects of malnutrition, and to provide for the establishment of a National Information and Resource Center for the Handicapped, submit the following statement in explanation of the effect of the action agreed upon by the conferees and recommended in the accompanying conference report:

The House amendment struck out all after the enacting clause of the Senate bill and substituted a new text. The conference agreement is a substitute for both the text of the Senate bill and the House amendment.

Except for technical, clerical, clarifying, and conforming changes, the differences between the House amendment and the conference substitute are as follows:

The Senate bill provided specific authority for programs of continuing education in the field of family medicine, and the conference substitute is the same in this regard as the text of the Senate bill.

The Senate bill authorized a five-year program, at total authorizations of \$425,000,000, and the House amendment was limited to three years, at a total authorization of \$225,000,000. The conference substitute is the same in this regard as the House amendment.

The Senate bill authorized not to exceed \$10,000,000 for any fiscal year for planning and developmental grants for the purpose of assisting medical schools and hospitals to plan or develop programs or projects for the purposes of carrying out training in the field of family medicine. The House amendment limited the sums to \$5,000,000 a year, and did not specifically cover developmental grants.

The conference substitute authorizes \$8,000,000 for planning and developmental grants. The purpose of these grants is to assist medical schools and hospitals in actually getting programs and projects underway, and is intended to expedite the development of programs at schools and hospitals for the training of family physicians.

The Senate bill contained a provision authorizing grants and contracts to universities, medical schools, graduate schools, hospitals, laboratories, and other public or private institutions, and individuals for research into malnutrition. This provision also authorized the establishment of courses at medical schools, graduate schools, and nursing schools in malnutrition, and would have authorized fellowships and other financial assistance to students in this area.

U. S. DEPARTMENT OF LABOR  
OFFICE OF THE SECRETARY  
WASHINGTON

DEC 15 1970

Honorable George P. Shultz  
Director, Office of Management and  
Budget  
Washington, D. C. 20503

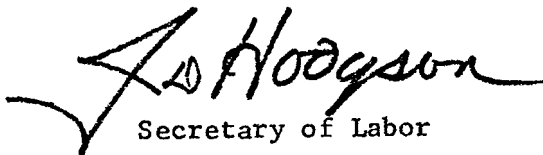


Dear Mr. Shultz:

This is in response to your request for my views on S. 3418, an enrolled bill, "To amend the Public Health Service Act to provide for the making of grants to medical schools and hospitals to assist them in establishing special departments and programs in the field of family practice, and otherwise to encourage and promote the training of medical and para-medical personnel in the field of family medicine and to provide for a study relating to causes and treatment of malnutrition."

I have no objection to the President taking favorable action on this enrolled bill.

Sincerely,

  
Secretary of Labor



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Honorable George P. Shultz  
Director, Office of Management  
and Budget  
Washington, D. C. 20503



DEC 17 1970

Dear Mr. Shultz:

This is in response to Mr. Rommel's request of December 14, 1970, for our recommendations on enrolled bill S. 3418 "To amend the Public Health Service Act to provide for the making of grants to medical schools and hospitals to assist them in establishing special departments and programs in the field of family practice, and otherwise to encourage and promote the training of medical and paramedical personnel in the field of family medicine and to provide for a study relating to causes and treatment of malnutrition."

The bill would authorize a new three-year program, beginning in the current fiscal year, of grants (1) to medical schools to operate departments devoted to instruction in family practice; to conduct special training programs for paramedical personnel in the field of family medicine; to conduct training programs to prepare medical school personnel to head departments of family practice and to train medical school teachers of family practice; and for the construction of facilities for training in family medicine; and (2) to hospitals to train medical students, interns, residents, or practicing physicians in family medicine; to provide their students of family medicine with scholarships, fellowships, or stipends to the extent of their need; to operate programs to train paramedical personnel in the field; and to construct family medicine training facilities. Grants would be authorized only upon the recommendation of an Advisory Council on Family Medicine established by the bill.

Authorizations for these purposes are set at \$50 million for fiscal year 1971, \$75 million for fiscal year 1972, and \$100 million for fiscal year 1973. Up to \$8 million of the sums appropriated may be granted to medical schools and hospitals, in each of these fiscal years, to plan or develop programs or projects to carry out one or more of the bill's purposes. The bill also authorizes a separate \$5 million appropriation for a study of the feasibility of establishing, at schools training health professional manpower, courses dealing with nutrition and problems related to malnutrition, and for planning and pilot project grants in connection with that study.

In the Department's report on this bill to the Senate Committee on Labor and Public Welfare, which was cleared by your Office, we cited



the Health Professions Educational Assistance program, the Allied Health Professions Personnel Training authority, and the Hill-Burton medical facilities construction program as currently existing legislative authorities under which we may now support activities related to the field of family medicine. Apart from the duplication of authority that S. 3418 would therefore entail, it was our judgment that, because the concept of family medicine was still evolving, activities in the field were best aided under existing programs, such as those contained in the Health Professions Educational Assistance Act, in which our authority was broad and flexible. This would permit the support of alternative approaches in the training of health professions personnel to provide comprehensive and continuing care to individuals and families, and would allow aid for training in family medicine to be provided in conjunction with aid directed toward other purposes, such as expansion of medical school enrollment.

Although our earlier report recommended that action on S. 3418 be deferred until we had completed the development of recommendations on the Health Professions Educational Assistance Act (currently being prepared as part of a broader departmental health options study), it nevertheless "strongly oppose[d] the enactment of another categorical grant authority . . . which would duplicate authorities or mechanisms already existing to achieve the purpose of this legislation."

We continue to believe that our position on the bill is sound. We therefore recommend that the bill be disapproved. If, as may be the case, the Congress is to adjourn within ten days (Sundays excepted) of the day upon which the bill was presented to the President, we propose that the President not sign the bill, in which case it will, of course, fail to become law. Should the Congress not so adjourn, we recognize that there is considerable likelihood that a veto will be overridden. (The bill passed the Senate by a vote of 64 to 1, and a similar bill passed the House by a vote of 346 to 2. The Conference report was agreed to in both bodies without objection.) Nevertheless, we would find any course other than disapproval difficult to reconcile with our consistently expressed opposition to the proposal, both in the House and in the Senate, and with this Administration's strong opposition to further proliferation of categorical grant programs. A draft Memorandum of Disapproval is included for your use.

Sincerely,



A handwritten signature in dark ink, appearing to read "E. R. Shultz". The signature is fluid and cursive.

Secretary

Enclosure

MEMORANDUM OF DISAPPROVAL



I have withheld my approval of S. 3418, entitled "An Act to amend the Public Health Service Act to provide for the making of grants to medical schools and hospitals to assist them in establishing special departments and programs in the field of family practice, and otherwise to encourage and promote the training of medical and paramedical personnel in the field of family medicine and to provide for a study relating to causes and treatment of malnutrition."

I take this action with regret because the principal purpose of the bill--to strengthen the practice of family medicine--is one which I would be pleased to see achieved. However, S. 3418 duplicates currently existing legislative authorities directed at the same purpose--the Health Professions Educational Assistance program, the Allied Health Professions Personnel Training authority, and the Hill-Burton medical facilities construction program. The concept of family medicine is still evolving. Activities in the field are best aided under these existing programs, particularly those contained in the Health Professions Educational Assistance Act, in which the authority of the Secretary of Health, Education, and Welfare is broad and flexible. For example, the instant bill would lay stress on the establishment, by medical school grantees, of separate and distinct departments devoted to the teaching of family practice. Current law, in contrast, permits the support of alternative approaches in the training of health professions personnel to provide comprehensive and continuing care to individuals and families. Moreover, current law would allow aid for training in family medicine to be provided in conjunction with aid directed toward other purposes, such as expansion of medical school enrollment. Given the authorization levels of the bill, which are in excess of budget projections for adequate Federal support of the activities encompassed, the contrary approaches of S. 3418 and existing law would compete with each other for limited funds.

Beyond these considerations, I again call to the attention of the Congress the increasingly chaotic and unmanageable grant-in-aid system of the national government. The proliferation of narrowly categorical grant programs runs counter to the need for grant simplification and consolidation. S. 3418 furthers this proliferation.

Finally, I again remind the Congress that enactment of new legislative authorities, and authorization of new appropriations, by themselves accomplish nothing. It takes the appropriation of funds and the efficient and effective administration of legislation to accomplish the objectives. In times of stringent fiscal constraints, the enactment of such authorities and the authorization of such appropriations which largely duplicate existing, broader, authorities can only serve to create expectations which cannot be realized, in addition to confusing and complicating administration.

It is for these reasons that I have withheld my approval of this enrolled bill.

EXECUTIVE OFFICE OF THE PRESIDENT  
OFFICE OF SCIENCE AND TECHNOLOGY  
WASHINGTON, D.C. 20506

17 December 1970



MEMORANDUM FOR

Wilfred H. Rommel  
Assistant Director for Legislative Reference  
Office of Management and Budget

Subject:

S. 3418, an Act "To amend the Public Health Service Act to provide for the making of grants to medical schools and hospitals to assist them in establishing special departments and programs in the field of family practice, and otherwise to encourage and promote the training of medical and paramedical personnel in the field of family medicine and to provide for a study relating to causes and treatment of malnutrition."

This Act provides funds to establish departments of family medicine in medical schools. "Family medicine" is defined as "those certain principles and techniques and the body of medical, scientific, administrative, and other knowledge and training which especially equip and prepare a physician to engage in the practice of family medicine." The practice of family medicine is defined as "the practice of medicine by a physician ... who specializes in providing to families (and members thereof) comprehensive, continuing, professional care and treatment of the type necessary or appropriate for their general health maintenance."

This office recommends that S. 3418 be vetoed.

In considering the nature of medical practice in the United States, a panel of the President's Science Advisory Committee (Panel on Biological and Medical Science) made the following comments:

"In our estimation the need for emphasis on the production of a large corps of "primary physicians" has not been demonstrated at this time and it is unrealistic to make this a major goal of medical education. It is, therefore, the opinion of this panel

that current government planning and financial support for medical education should not imply an obligation or commitment to the production of a specific type of general physician such as that described by Millis and his colleagues. Research into methods for delivery of health care and for the utilization of different types of physicians and other health professionals should be encouraged. In attacking the complex problems of reorganization of our health care delivery system, we must avoid the mistake of seizing on attractive panaceas such as the concept of the "primary physician" in the absence of evidence of effectiveness or relevance."



The purpose of S. 3418 is to develop our national capacity to provide primary medical care to the inhabitants of this country. Despite the emotional appeal of the concept of family medicine, reasoned analyses of this problem have indicated that physicians in the broad specialties of medicine, namely internal medicine and pediatrics, will become the primary physicians of the future. It is felt that physicians of this type, working in the framework of group practice such as is envisioned in the concept of health maintenance organizations (an Administration initiative) would provide a higher level of family medicine than would the type of primary physician who would be generated by S. 3418.

Since there is room for debate on the nature of the primary physician needed for the future, it seems inappropriate for the Federal Government to institutionalize a particular approach, especially when that approach has not yet been evaluated and demonstrated to be effective. Moreover, the philosophy underlying S. 3418 seems to depend on solo practice of medicine and it appears to be the policy of the Administration that the Federal Government will encourage the development of more efficient forms of practice such as health maintenance organizations.

In summary, because the effectiveness of the type of practitioner that will be produced under S. 3418 has not been evaluated and demonstrated, because S. 3418 would institutionalize

the family medicine approach and give it the endorsement of the Federal Government, and because S. 3418 constitutes a major intervention by the Federal Government in determining the kind of practitioner that will be available in abundance in the future, we recommend that the Act be vetoed. It would be better to direct funds to the medical schools in a manner that would allow them to determine whether indeed departments of family medicine will be important to the country in the years ahead, and to examine other options for providing primary care to families.



*Edward E. David, Jr.*

Edward E. David, Jr.  
Director



DEPARTMENT OF AGRICULTURE  
OFFICE OF THE SECRETARY  
WASHINGTON, D. C. 20250

December 18 1970

Honorable George P. Shultz  
Director  
Office of Management and Budget  
Executive Office Building  
Washington, D. C. 20503

Dear Mr. Shultz:

This is in response to your request for a report on the enrolled bill S. 3418. S. 3418 amends the Public Health Service Act to provide for the making of grants to medical schools and hospitals to assist them in establishing special departments and programs in the field of family practice, and otherwise to encourage and promote the training of medical and paramedical personnel in the field of family medicine, and to alleviate the effects of malnutrition, and to provide for the establishment of a National Information and Resource Center for the Handicapped.

This department has no objections to the President signing this enactment.

Sincerely,

A handwritten signature in cursive script that reads "J. Phil Campbell".

J. Phil Campbell  
Under Secretary

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checking  
Justice  
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IDENT  
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Texas, and 32

Last Day for Action

December 25, 1970 - Friday



Purpose

Authorizes a three-year program of grants to medical schools and hospitals to assist them in establishing special departments and programs to encourage training of personnel in the field of family practice; provides for a study of malnutrition.

Agency Recommendations

Office of Management and Budget	Disapproval (Veto message attached)
Department of Health, Education, and Welfare	Disapproval (Memorandum of disapproval attached)
Office of Science and Technology	Disapproval
Department of Labor	No objection
Department of Agriculture	No objection

Description of the Bill

S. 3418 originated in the Congress and passed both Houses with overwhelming majorities, despite Administration opposition. Its main objective is to have the Federal Government provide targeted funds for planning and operating programs, construction, and student assistance designed to increase the number of medical personnel in the field of family practice.

THE WHITE HOUSE

WASHINGTON

December 22, 1970

MEMORANDUM FOR THE STAFF SECRETARY

FROM: EDWARD L. MORGAN

SUBJECT: Enrolled Bill S-3418 -- Family Practice of Medicine  
LOG NO. 4489

I recommend disapproval of this bill for all of the reasons set forth by OMB, HEW and OST.

My only reservation about the draft veto message is the reference in the fifth paragraph, "The medical profession is itself divided as to how best to organize and train personnel ... " They may well divide over our proposals next year, so perhaps we ought to soften that reference.





THE WHITE HOUSE

ACTION MEMORANDUM

WASHINGTON

LOG NO.: 4489

Date: December 22, 1970

Time: 10:30 a.m.

FOR ACTION: E. Morgan  
B. Timmons  
K. Keogh *12/22*

cc (for information):

FROM THE STAFF SECRETARY

DUE: Date: December 22, 1970

Time: 5:00 P. M.

SUBJECT:

Enrolled Bill S. 3418 - Family Practice of Medicine.



ACTION REQUESTED:

- For Necessary Action
- For Your Recommendations
- Prepare Agenda and Brief
- Draft Reply
- For Your Comments
- Draft Remarks

REMARKS:

Do you recommend approval or disapproval of this bill?  
If you recommend disapproval please comment on the  
veto message attached at Tab A.

Mr. Keogh: Please approve or revise the veto message  
at Tab A.

PLEASE ATTACH THIS COPY TO MATERIAL SUBMITTED.

If you have any questions or if you anticipate a  
delay in submitting the required material, please  
telephone the Staff Secretary immediately.

K. R. COLE, JR.  
For the President

THE WHITE HOUSE

WASHINGTON

December 23, 1970

ACTION

White House log. #4489

MEMORANDUM FOR:

FROM:

SUBJECT:



THE STAFF SECRETARY

WILLIAM E. TIMMONS *BT*

Enrolled Bill S. 3418  
Family Practice of Medicine

I recommend disapproval of this bill by a pocket veto during the current recess of the Congress.

Although Congress is on record as having overwhelmingly approved S. 3418 (by a Senate vote of 64 to 1 on September 14, 1970 and a House vote of 346 to 2 on December 1, 1970), the President has subsequently made clear his intention to propose to the next Congress new initiatives aimed at attacking health problems on a comprehensive basis. In view of this stated intention and the impossibility of a veto override vote, I believe the President can safely disapprove this bill through a pocket veto and protect his health image through the issuance of a statement -- not a veto message -- similar to that attached in Tab A.



Department of Justice  
Washington, D.C. 20530

December 23, 1970

MEMORANDUM FOR THE HONORABLE JOHN W. DEAN, III  
Counsel to the President

Re: Availability of Pocket Veto During Current  
Adjournment of Congress.

You have inquired as to whether or not the President may "pocket veto" a bill passed during the session of Congress which was adjourned on Tuesday, December 22, 1970. Article I, section 2, clause 2 of the Constitution provides for two methods by which the President may make effective his disapproval of a bill:

- (1) By returning it within the defined ten-day period with his objections "to the House in which it originated";
- (2) When the "Congress by their adjournment prevent its [the bill's] return" within the ten-day period, by simply failing to sign it.

The second method described above is traditionally referred to as a "pocket veto".

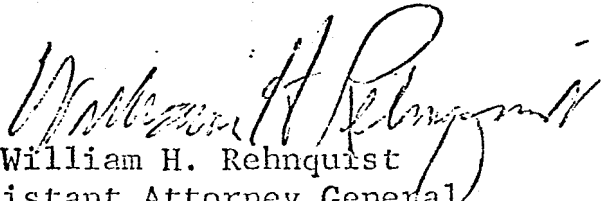
In the Pocket Veto Case, 279 U.S. 655, the Supreme Court held that the "adjournment" referred to in the Constitution was not only the sine die adjournment of a Congress, but included also adjournments within a session. The Court there decided that if, upon the expiration of the ten-day period granted the President by the Constitution to consider a bill, Congress had adjourned so that the House in which the bill had originated was not sitting and available to receive the returned bill, the President's withholding his signature had the effect of vetoing the law, rather than the effect of its becoming law without his signature.

The later case of Wright v. United States, 302 U.S. 583, while troublesome in different situations than this, does not impinge in any way on the validity of the Pocket Veto Case reasoning as applied to the situation now confronting the President. In that case, a majority of the Court held that where only one House had adjourned, and the adjournment of that House was for a period of only three days, "Congress" as that term is used in the Constitutional provision had not adjourned, and therefore a pocket veto would not be available to the President.

Since in this case, both Houses have adjourned, and the final day for the President's consideration falls during the adjournment, the conditions of the Pocket Veto Case are met; since the adjournment is for longer than three days, and is not merely an adjournment of one House, the negative implications of the Wright case suggest no reason why the pocket veto would not be available in this situation.

The resolution of adjournment passed by both Houses of Congress on December 22, 1970, and found in the Congressional Record for that date at page S.21119, contains nothing more than the bare bones of an adjournment resolution. It does not provide, as previous adjournment resolutions have, that officials of the two Houses shall be authorized to receive communications and messages from the President during the adjournment. While, in my opinion, in light of the language in the Pocket Veto Case, such additional language would not deny to the President the right to use the pocket veto if otherwise available to him, those who would argue otherwise would be deprived of at least this argument during the present adjournment.



  
William H. Rehnquist  
Assistant Attorney General  
Office of Legal Counsel

POCKET VETO  
EFF. 4/25/70  
MEMO OF DISAPPROVAL  
DATED 12/24/70  
SIGNED 12/26/70

THE WHITE HOUSE  
WASHINGTON

December 23, 1970

ACTION

MEMORANDUM FOR: THE PRESIDENT  
FROM: JOHN EHRLICHMAN  
SUBJECT: Disapproval of Enrolled Bill S. 3418  
Family Practice of Medicine



S. 3418 authorizes a three-year program of grants to medical schools and hospitals to assist them in establishing special departments and programs to encourage training of personnel in the field of family practice. The bill also provides for a study of malnutrition.

S. 3418 originated in the Congress and passed both Houses with overwhelming majorities, despite Administration opposition. Disapproval of this bill is recommended for the following reasons. First, this Administration strongly opposes further proliferation of categorical grant programs. This bill provides for a new and duplicatory health manpower grant program which is undesirable. Second, the effectiveness of the family medicine practitioner has not been evaluated and demonstrated yet this bill would institutionalize the family medicine approach and give it the Federal government's endorsement. The government should not be in the position of legislating the internal structure of medical schools.

Disapproval of S. 3418 is recommended by the Office of Management and Budget, the Office of Science and Technology, HEW, Ed Morgan and Bill Timmons. Jim Keogh has revised the Memorandum of Disapproval.

RECOMMENDATION

That you pocket veto S. 3418 and sign the Memorandum of Disapproval attached at Tab A.

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THE WHITE HOUSE  
WASHINGTON

JOHN,

Decision been  
made to pocket veto  
instead of regular veto  
Bobbie



JOHN,

PLEASE NOTE.

THE WHITE HOUSE  
WASHINGTON

Bobbie

THE WHITE HOUSE  
WASHINGTON

TOD,

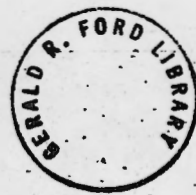
Bruce Whelihan called

To say Sen. Muskie sent  
Telegram in support of  
S. 3418 (Family practice  
of medicine). If that should  
change anything, call  
JOHN BROWN in A.M. He  
has memo to PRESIDENT  
recommending pocket veto  
Bobbie

Ken,

Bruce Whelihan called

To say Sen. Muskie sent  
Telegram in support of  
S. 3418 (Family practice  
of medicine). If that should  
change anything, call JOHN  
BROWN in early A.M. He  
has memo to PRESIDENT  
recommending pocket veto  
Bobbie





~~MEMORANDUM OF DISAPPROVAL~~

~~At 10:00 a.m. on December 10, 1971~~  
I am withholding my signature from S. 3418, a bill designed to promote training in family medicine. The authority provided in this bill is unnecessary and represents the wrong approach to the solution of the nation's health problems.

In my press conference on December 10, I stated that a health program will be one of the highest priority proposals I will submit to the Congress next year. We will propose a broad pattern of reforms to deal with the nation's health problems and needs on a systematic and comprehensive basis. In contrast, the piecemeal bill I am rejecting today simply continues the traditional approach of adding more programs to the almost unmanageable current structure of Federal Government health efforts.

The Federal Government already has at least four programs on the books that provide funds which can be used to promote the training of family medicine practitioners. Moreover, the entire concept of American medicine is in an evolutionary stage. There are differing opinions on how best to organize and train personnel to provide comprehensive and continuing care to individuals and families.

Under these circumstances, I do not believe it wise to place heavy emphasis on the establishment of separate departments of family medicine in medical schools, as S. 3418 would do. This is only one -- and not necessarily the most efficient -- method of achieving our national health care objectives, and should not be fixed in law.



THE WHITE HOUSE,



TO THE SENATE OF THE UNITED STATES:

I am returning without approval S. 3418, a bill designed to promote training in family medicine. The authority provided in this bill is unnecessary and represents the wrong approach to the solution of the nation's health problems.

In my press conference on December 10, I stated that a health program will be one of the highest priority proposals I will submit to the Congress next year. We will propose a broad pattern of reforms to deal with the nation's health problems and needs on a systematic and comprehensive basis. In contrast, the piecemeal bill I am rejecting today simply continues the traditional approach of adding more programs to the almost unmanageable current structure of Federal Government health efforts.

The Federal Government already has at least four programs on the books that provide funds which can be used to promote the training of family medicine practitioners. Moreover, the entire concept of American medicine is in an evolutionary stage. There are differing opinions on how best to organize and train personnel to provide comprehensive and continuing care to individuals and families.

Under these circumstances, I do not believe it wise to place heavy emphasis on the establishment of separate departments of family medicine in medical schools, as S. 3418 would do. This is only one -- and not necessarily the most efficient -- method of achieving our national health care objectives, and should not be fixed in law.

THE WHITE HOUSE,

MEMORANDUM OF DISAPPROVAL



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Under these circumstances, I do not believe it wise to place heavy emphasis on the establishment of separate departments of family medicine in medical schools, as S. 3418 would do. This is only one -- and not necessarily the most efficient -- method of achieving our national health care objectives, and should not be fixed in law.

A handwritten signature in cursive script, appearing to read "Richard Nixon".

THE WHITE HOUSE,  
December 24, 1970.

[ TO THE SENATE ]

JK

withholding

SIGNATURE FROM

I am ~~returning without~~ my approval S. 3418, a bill designed to promote training in family medicine.)

~~I take this action because~~ The authority provided in this bill is unnecessary and represents the wrong approach to the solution of the nation's health problems.

In my press conference on December 10, I stated that a health program will be one of the highest priority ~~proposals~~ programs I will submit to the Congress next year. We will propose a broad ~~program~~ <sup>pattern</sup> of reforms <sup>to</sup> ~~which~~ deal with the nation's health problems and needs on a systematic and comprehensive basis. In contrast, the piecemeal bill I am rejecting today simply continues the traditional approach of adding more programs to the almost unmanageable current structure of Federal Government health ~~efforts~~ <sup>programs</sup>.



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Moreover, the entire concept of American medicine is in an evolutionary stage. <sup>There are differing opinions</sup> ~~The medical profession is~~ itself ~~divided as to~~ <sup>on</sup> how best to organize and train personnel to provide comprehensive and continuing care to individuals and families. <sup>P</sup> Under these circumstances, I do not believe it wise to place heavy emphasis on the establishment of separate departments of family medicine

in medical schools, as S. 3418 would do. This is only one -- and not necessarily the most efficient -- method of achieving our national health care objectives, and should not be fixed in law. .



THE WHITE HOUSE

December , 1970



Public Law 91-696  
 91st Congress, S. 3418  
 December 25, 1970

## An Act

To amend the Public Health Service Act to provide for the making of grants to medical schools and hospitals to assist them in establishing special departments and programs in the field of family practice, and otherwise to encourage and promote the training of medical and paramedical personnel in the field of family medicine and to provide for a study relating to causes and treatment of malnutrition.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

### TITLE I—FAMILY MEDICINE

Family  
 medicine;  
 malnutri-  
 tion.

SEC. 101. Part D of title VII of the Public Health Service Act is amended to read as follows:

#### “PART D—GRANTS TO PROVIDE PROFESSIONAL AND TECHNICAL TRAINING IN THE FIELD OF FAMILY MEDICINE

##### “DECLARATION OF PURPOSE

“SEC. 761. It is the purpose of this part to provide for the making of grants to assist—

42 USC 295.

“(1) public and private nonprofit medical schools—

“(A) to operate, as an integral part of their medical education program, separate and distinct departments devoted to providing teaching and instruction (including continuing education) in all phases of family practice;

“(B) to construct such facilities as may be appropriate to carry out a program of training in the field of family medicine whether as a part of a medical school or as separate outpatient or similar facility;

“(C) to operate, or participate in, special training programs for paramedical personnel in the field of family medicine; and

“(D) to operate, or participate in, special training programs to teach and train medical personnel to head departments of family practice or otherwise teach family practice in medical schools; and

“(2) public and private nonprofit hospitals which provide training programs for medical students, interns, or residents—

“(A) to operate, as an integral part of their medical training programs, special professional training programs (including continuing education) in the field of family medicine for medical students, interns, residents, or practicing physicians;

“(B) to construct such facilities as may be appropriate to carry out a program of training in the field of family medicine whether as a part of a hospital or as a separate outpatient or similar facility;

“(C) to provide financial assistance (in the form of scholarships, fellowships, or stipends) to interns, residents, or other medical personnel who are in need thereof, who are participants in a program of such hospital which provides special training (accredited by a recognized body or bodies approved for such purpose by the Commissioner of Education) in the field of family medicine, and who plan to specialize or work in the practice of family medicine; and



"(D) to operate, or participate in, special training programs for paramedical personnel in the field of family medicine.

"AUTHORIZATION OF APPROPRIATIONS

42 USC 295a.

"Sec. 762. (a) For the purpose of making grants to carry out the purposes of this part, there are authorized to be appropriated \$50,000,000 for the fiscal year ending June 30, 1971, \$75,000,000 for the fiscal year ending June 30, 1972, and \$100,000,000 for the fiscal year ending June 30, 1973.

"(b) Sums appropriated pursuant to subsection (a) for any fiscal year shall remain available for the purpose for which appropriated until the close of the fiscal year which immediately follows such year.

"GRANTS BY SECRETARY

42 USC 295b.

"Sec. 763. (a) From the sums appropriated pursuant to section 762, the Secretary is authorized to make grants, in accordance with the provisions of this part, to carry out the purposes of section 761.

Applications, Publication in Federal Register.

"(b) No grant shall be made under this part unless an application therefor has been submitted to, and approved by, the Secretary. Such application shall be in such form, submitted in such manner, and contain such information, as the Secretary shall have prescribed by regulations which have been promulgated by him and published in the Federal Register not later than six months after the date of enactment of this part.

"(c) Grants under this part shall be in such amounts and subject to such limitations and conditions as the Secretary may determine to be proper to carry out the purposes of this part.

"(d) In the case of any application for a grant any part of which is to be used for major construction or remodeling of any facility, the Secretary shall not approve the part of the grant which is to be so used unless the recipient of such grant enters into appropriate arrangements with the Secretary which will equitably protect the financial interests of the United States in the event such facility ceases to be used for the purpose for which such grant or part thereof was made prior to the expiration of the twenty-year period which commences on the date such construction or remodeling is completed.

"(e) Grants made under this part shall be used only for the purpose for which made and may be paid in advance or by way of reimbursement, and in such installments, as the Secretary may determine.

"ELIGIBILITY FOR GRANTS

42 USC 295c.

"Sec. 764. (a) In order for any medical school to be eligible for a grant under this part, such school—

"(1) must be a public or other nonprofit school of medicine; and

"(2) must be accredited as a school of medicine by a recognized body or bodies approved for such purpose by the Commissioner of Education, except that the requirements of this clause shall be deemed to be satisfied, if (A) in the case of a school of medicine which by reason of no, or an insufficient, period of operation is not, at the time of application for a grant under this part, eligible for such accreditation, the Commissioner finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the school will meet the accreditation standards of such body or bodies prior to the beginning of the academic year

following the normal graduation date of students who are in their first year of instruction at such school during the fiscal year in which the Secretary makes a final determination as to approval of the application.

"(b) In order for any hospital to be eligible for a grant under this part, such hospital—

"(1) must be a public or private nonprofit hospital; and

"(2) must conduct or be prepared to conduct in connection with its other activities (whether or not as an affiliate of a school of medicine) one or more programs of medical training for medical students, interns, or residents, which is accredited by a recognized body or bodies, approved for such purpose by the Commissioner of Education.

"APPROVAL OF GRANTS

"Sec. 765. (a) The Secretary, upon the recommendation of the Advisory Council on Family Medicine, is authorized to make grants under this part upon the determination that—

42 USC 295d.

"(1) the applicant meets the eligibility requirements set forth in section 764;

"(2) the applicant has complied with the requirements of section 763;

"(3) the grant is to be used for one or more of the purposes set forth in section 761;

"(4) it contains such information as the Secretary may require to make the determinations required of him under this section and such assurances as he may find necessary to carry out the purposes of this part;

"(5) it provides for such fiscal control and accounting procedures and reports, and access to the records of the applicant, as the Secretary may require (pursuant to regulations which shall have been promulgated by him and published in the Federal Register) to assure proper disbursement of and accounting for all Federal funds paid to the applicant under this part; and

Publication in Federal Register.

"(6) the application contains or is supported by adequate assurance that any laborer or mechanic employed by any contractor or subcontractor in the performance of work on the construction of the facility will be paid wages at rates not less than those prevailing on similar construction in the locality as determined by the Secretary of Labor in accordance with the Davis-Bacon Act, as amended (40 U.S.C. 276a-276a5). The Secretary of Labor shall have, with respect to the labor standards specified in this paragraph, the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (15 F.R. 3176; 65 Stat. 1267), and section 2 of the Act of June 13, 1934, as amended (40 U.S.C. 276c).

5 USC app. II.

"(b) The Secretary shall not approve any grant to—

"(1) a school of medicine to establish or operate a separate department devoted to the teaching of family medicine unless the Secretary is satisfied that—

"(A) such department is (or will be, when established) of equal standing with the other departments within such school which are devoted to the teaching of other medical specialty disciplines; and

"(B) such department will, in terms of the subjects offered and the type and quality of instruction provided, be designed to prepare students thereof to meet the standards established for specialists in the specialty of family practice by a recog-

nized body approved by the Commissioner of Education; or  
“(2) a hospital to establish or operate a special program for medical students, interns, or residents in the field of family medicine unless the Secretary is satisfied that such program will, in terms of the type of training provided, be designed to prepare participants therein to meet the standards established for specialists in the field of family medicine by a recognized body approved by the Commissioner of Education.

“(c) The Secretary shall not approve any grant under this part unless the applicant therefor provides assurances satisfactory to the Secretary that funds made available through such grant will be so used as to supplement and, to the extent practical, increase the level of non-Federal funds which would, in the absence of such grant, be made available for the purpose for which such grant is requested.

“PLANNING AND DEVELOPMENTAL GRANTS

42 USC 295d-1.

“SEC. 766. (a) For the purpose of assisting medical schools and hospitals (referred to in section 761) to plan or develop programs or projects for the purpose of carrying out one or more of the purposes set forth in such section, the Secretary is authorized for any fiscal year (prior to the fiscal year which ends June 30, 1973) to make planning and developmental grants in such amounts and subject to such conditions as the Secretary may determine to be proper to carry out the purposes of this section.

“(b) From the amounts appropriated in any fiscal year (prior to the fiscal year ending June 30, 1973) pursuant to section 762(a), the Secretary may utilize such amounts as he deems necessary (but not in excess of \$8,000,000 for any fiscal year) to make the planning and developmental grants authorized by subsection (a).

“ADVISORY COUNCIL ON FAMILY MEDICINE

42 USC 295d-2.

Membership.

“SEC. 767. (a) The Secretary shall appoint an Advisory Council on Family Medicine (hereinafter in this section referred to as the ‘Council’). The Council shall consist of twelve members, four of whom shall be physicians engaged in the practice of family medicine, four of whom shall be physicians engaged in the teaching of family medicine, three of whom shall be representatives of the general public, and one of whom shall, at the time of his appointment, be an intern in family medicine. Members of the Council shall be individuals who are not otherwise in the regular full-time employ of the United States.

Term.

“(b) (1) Except as provided in paragraph (2), each member of the Council shall hold office for a term of four years, except that any member appointed to fill a vacancy prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term, and except that the terms of office of the members first taking office shall expire, as designated by the Secretary at the time of appointment, three at the end of the first year, three at the end of the second year, three at the end of the third year, and three at the end of the fourth year, after the date of appointment.

“(2) The member of the Council appointed as an intern in family medicine shall serve for one year.

“(3) A member of the Council shall not be eligible to serve continuously for more than two terms.

“(c) Members of the Council shall be appointed by the Secretary without regard to the provisions of title 5, United States Code, gov-

5 USC 101 et seq.

erning appointments in the competitive service. Members of the Council, while attending meetings and conferences thereof or otherwise serving on business of the Council, shall be entitled to receive compensation at rates fixed by the Secretary, but not exceeding \$100 per day, including traveltime, and while so serving away from their homes or regular places of business they may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by section 5703 of title 5, United States Code, for persons in Government service, employed intermittently.

“(d) The Council shall advise and assist the Secretary in the preparation of regulations for, and as to policy matters arising with respect to, the administration of this part. The Council shall consider all applications for grants under this part and shall make recommendations to the Secretary with respect to approval of applications for, and of the amount of, grants under this part.

“DEFINITIONS

“SEC. 768. For purposes of this part—

“(1) the term ‘nonprofit’ as applied to any hospital or school of medicine means a school of medicine or hospital which is owned and operated by one or more nonprofit corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual;

“(2) the term ‘family medicine’ means those certain principles and techniques and that certain body of medical, scientific, administrative, and other knowledge and training, which especially equip and prepare a physician to engage in the practice of family medicine;

“(3) the term ‘practice of family medicine’ and the term ‘practice’, when used in connection with the term ‘family medicine’, mean the practice of medicine by a physician (licensed to practice medicine and surgery by the State in which he practices his profession) who specializes in providing to families (and members thereof) comprehensive, continuing, professional care and treatment of the type necessary or appropriate for their general health maintenance; and

“(4) the term ‘construction’ includes construction of new buildings, acquisition, expansion, remodeling, and alteration of existing buildings, and initial equipment of any such buildings, including architects’ fees, but excluding the cost of acquisition of lands or offsite improvements.”

TITLE II—MALNUTRITION

SEC. 201. (a) The Secretary of Health, Education, and Welfare shall conduct a study, in cooperation with schools training health professional manpower, of the feasibility and desirability of establishing at such schools courses dealing with nutrition and problems related to malnutrition, and of establishing research programs and pilot projects in the field of nutrition and problems of malnutrition.

(b) The Secretary is authorized to make grants to health professional schools, in connection with the study provided for by subsection (a), for the planning of programs at such schools, and for the conduct of pilot projects at such schools, to assist such schools in the establishment of courses dealing with nutrition and problems related to malnutrition.

Compensation.

42 USC 295e.

Feasibility study. 42 USC 295e note.

Grants.



Report to  
President  
and Congress,  
Appropriation.

(c) The Secretary shall report to the President and to Congress by July 1, 1972, the results of such study, together with such recommendations as he deems advisable.

(d) There is authorized to be appropriated \$5,000,000 to carry out the purposes of this section.

[Note by the Office of the Federal Register.—The foregoing Act, having been presented to the President of the United States on Monday, December 14, 1970, for his approval and not having been returned by him to the House of Congress in which it originated within the time prescribed by the Constitution of the United States, has become a law without his approval on December 25, 1970, in accordance with the decision of the United States Court of Appeals for the District of Columbia Circuit, *Kennedy v. Sampson, et al.*, Nos. 73-2121 and 2122(D.C. Cir., Aug. 14, 1974).]

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#### LEGISLATIVE HISTORY:

HOUSE REPORTS: No. 91 1601 accompanying H. R. 19599 (Comm. on Interstate and Foreign Commerce) and No. 91 1668 (Comm. of Conference).

SENATE REPORT No. 91 1071 (Comm. on Labor and Public Welfare).

CONGRESSIONAL RECORD, Vol. 116 (1970):

Sept. 14, considered and passed Senate,

Dec. 1, considered and passed House, amended, in lieu of H. R. 19599.

Dec. 8, House agreed to conference report,

Dec. 10, Senate agreed to conference report.

WEEKLY COMPILATION OF PRESIDENTIAL DOCUMENTS, Vol. 6, No. 52:

Dec. 24, 1970, President's memorandum of disapproval.

*Kennedy v. Sampson, et al.*,

Nos. 73-2121 and 2122 (D. C. Cir., Aug. 14, 1974).

*Announced 12/26/70*

FOR IMMEDIATE RELEASE

DECEMBER 26, 1970

Office of the White House Press Secretary

THE WHITE HOUSE



MEMORANDUM OF DISAPPROVAL

I am withholding my signature from S. 3418, a bill designed to promote training in family medicine. The authority provided in this bill is unnecessary and represents the wrong approach to the solution of the nation's health problems.

In my press conference on December 10, I stated that a health program will be one of the highest priority proposals I will submit to the Congress next year. We will propose a broad pattern of reforms to deal with the nation's health problems and needs on a systematic and comprehensive basis. In contrast, the piecemeal bill I am rejecting today simply continues the traditional approach of adding more programs to the almost unmanageable current structure of Federal Government health efforts.

The Federal Government already has at least four programs on the books that provide funds which can be used to promote the training of family medicine practitioners. Moreover, the entire concept of American medicine is in an evolutionary stage. There are differing opinions on how best to organize and train personnel to provide comprehensive and continuing care to individuals and families.

Under these circumstances, I do not believe it wise to place heavy emphasis on the establishment of separate departments of family medicine in medical schools, as S. 3418 would do. This is only one -- and not necessarily the most efficient -- method of achieving our national health care objectives, and should not be fixed in law.

/S/ RICHARD NIXON

The White House

December 24, 1970

# # #

Number	Received	Referred	Returned	Action	Filed with Archives	Announced	Number of Law
S. 3418,	12/14/70	Budget 12/14/70	12/21/70	POCKET VETO eff. Midnight 12/25/70			

16-80225-1 GPO

S. 3418, An Act to amend the Public Health Service Act to provide for the making of grants to medical schools and hospitals to assist them in establishing special departments and programs in the field of family practice, and otherwise to encourage and promote the training of medical and paramedical personnel in the field of family medicine and to provide for a study relating to causes and treatment of malnutrition.

MEMORANDUM OF DISAPPROVAL (Dated:12/24/70) ISSUED : 12/26/70



FOR THE RECORD:

at the time of this pocket veto the Senate was in recess from December 22, 1970 to December 28, 1970.

This is the only example found in which a bill was pocket vetoed while a house of Congress was gone for only a short period of time.





Number	Received	Referred	Returned	Action	Filed with Archives	Announced	Number of Law
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MEMORANDUM OF DISAPPROVAL (Dated:12/24/70) ISSUED : 12/26/70

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# Justice Dept. Cites Pocket Veto Precedents

By Ken W. Clawson

Washington Post Staff Writer

The Justice Department contends that President Nixon followed "well established historical practice" in exercising a pocket veto of a \$225 million doctor-training bill that some Democrats claim is already law.

William H. Rehnquist, an assistant attorney general said

Court decisions, Mr. Nixon's veto was appropriate and "entirely consistent with that of preceding administrations which have considered the question."

Kennedy, Sen. Ralph Yarborough (D-Tex.) and Sen. Sam Ervin (D-N.C.) contend that a pocket veto is valid only if Congress is in adjournment

ident Nixon announced he was refusing to sign the Family Practice of Medicine Act, which was intended to promote training of more family doctors. The White House said it was a veto because Congress was not meeting when the 10th day had passed after the President received the bill from the Capitol

after 10 days plus Sundays if Congress is still in session. But Congress was in the midst of a six-day Christmas vacation when Mr. Nixon announced the pocket veto of the doctor bill.

Kennedy argued in his letter to the Justice Department that the pocket veto was in-

# Senate



(Proceedings of the Senate continued from the Record of Thursday, December 31, 1970)

## THE POCKET VETO

Mr. KENNEDY. Mr. President, 2 days ago, I wrote to Attorney General Mitchell requesting clarification of the administration's interpretation of the pocket veto clause of the Constitution. The President sought to use the pocket veto power last week to disapprove S. 3418, the Family Practice of Medicine Act, thereby preventing Congress from having the opportunity to override the veto. This action by the President has raised extremely serious questions about the distribution of power under the Constitution between Congress and the executive branch in the enactment of Federal legislation, and it was for this reason that I sought clarification of the administration's position.

Today, I have received a reply from Assistant Attorney General William H. Rehnquist, of the Office of Legal Counsel in the Department of Justice, explaining the position of the administration on this issue. Although a substantial area of disagreement continues to exist over Mr. Rehnquist's interpretation of the clause and my own interpretation, I am delighted by both the thoughtfulness and the promptness of his reply, and I commend the Attorney General, the Assistant Attorney General, and the Department of Justice for their constructive approach to the legal questions raised by the controversy that has erupted over the pocket veto.

The principal difference between us is over the interpretation of the Supreme Court's precedents on the pocket veto clause of the Constitution. The Assistant Attorney General relies heavily on the *Pocket Veto* case, 279 U.S. 655, which was decided in 1929 and which contains dicta apparently giving extremely broad leeway to the President in the exercise of the pocket veto power.

It is clear, however, that these dicta of the Supreme Court were not essential to the holding of the case, which involved an adjournment sine die at the end of a session of Congress. I believe that sine die adjournments—either at the end of a Congress or at the end of a session of Congress—are the only situations in which the pocket veto clause of the Constitution was intended to apply. I also believe that this is all that the Supreme Court's decision in the pocket veto case holds on this issue. As Mr. Rehnquist's letter expressly recognizes, the pocket veto case did in fact involve a sine die adjournment at the end of a session of Congress—albeit a sine die adjournment of only one House. In the circumstances of that case, the House of Representatives had adjourned sine die, and the Senate had adjourned for several months to a date certain.

It is difficult, therefore, to understand the logic of Mr. Rehnquist's assertion

that the Supreme Court's decision in the pocket veto case has expressly rejected my view that the pocket veto provision is intended only to apply in sine die adjournment situations.

Indeed, the specific holding of the pocket veto case is clearly in accord with my view. The House of Representatives had adjourned sine die. Therefore, it was impossible for Congress to act to override the veto. Under the Constitution, a two-thirds majority in both the Senate and the House is required to override a veto. Since the House had adjourned sine die, it was clear that the House could not act to override the veto, and the fact that the Senate's adjournment was not sine die was irrelevant. This is the precise situation in which the Founding Fathers intended the pocket veto clause of the Constitution to apply. Where there is no opportunity for Congress to override a veto by the President, the Constitution resolves the question of the status of legislation enacted within the 10-day period before adjournment by specifying, in effect, that the bill does not become law unless approved by the President. In other circumstances, of course, where a sine die adjournment of Congress does not intervene, a bill becomes law even without the approval of the President, unless the President acts positively to veto it, and thereby triggers the opportunity for Congress to override the veto.

Strong additional support for my view is contained in *Wright v. United States*, 302 U.S. 583 (1938), which was decided almost a decade after the pocket veto case, and which substantially clarified the Supreme Court's earlier decision. In the *Wright* case, which was decided 6-2 by the Court, the majority opinion by Chief Justice Charles Evans Hughes discusses the holding in the pocket veto case as turning on the question of whether there has been a sine die adjournment. As the opinion states:

In the *Pocket Veto Case*, the Congress had adjourned. The question was whether the concluding clause of paragraph 2 of § 7 of article I was limited to a final adjournment of the Congress or embraced an adjournment of the Congress at the close of the first regular session. The Court held that the clause was not so limited and applied to the latter. [Emphasis in original.] 302 U.S. 583, at 593.

The Court's holding in the *Wright* case appears to be two-pronged. First, the Court clearly held that—since the House of Representatives was still in session, even though the Senate had adjourned for a brief period—there was no “adjournment” of Congress within the meaning of the pocket veto clause of the Constitution. Therefore, the Court held, the pocket veto clause was completely inapplicable.

Second, the Supreme Court appears to have held in the *Wright* case that, even

though the Senate itself was in a brief 3-day recess, the President was not “prevented” from returning the vetoed bill with his objections to the Senate, within the meaning of the pocket veto clause, since the Secretary of the Senate was available to receive the President's veto message. In other words, it may be argued, there are two requirements before the pocket veto clause comes into play—first, Congress must be in adjournment, and, second, the adjournment must prevent the return of the vetoed bill to Congress.

If a 3-day recess of the Senate did not prevent the return of a vetoed bill in the *Wright* case, it is difficult to believe that the 5-day adjournment of the Senate in the present case prevented the return of the vetoed Family Practice of Medicine Act.

One additional point is worth noting. In his letter, Mr. Rehnquist states that not only was the President authorized to exercise a pocket veto on the present legislation, “but if he wished to disapprove it at all, he very probably had no choice as to the form of veto.”

Surely, if the President wishes to disapprove a bill in such a situation, he can return it to Congress with his veto message in the usual fashion. Even if such a return of the legislation is invalid because Congress is in adjournment, as Mr. Rehnquist appears to be arguing, the President will still be in the position of not having signed the bill. In other words, even if a formal veto is invalid, a pocket veto can still apply, since the bill has not been signed. Moreover, the language of the *Wright* case may be easily read as implying that the court will sustain the validity of a return of legislation when Congress is in a brief adjournment within a session.

To be sure, as Mr. Rehnquist's letter shows, there is a sporadic practice of pocket vetoes by the President during relatively brief adjournments of Congress. In large part, however, the practice is a tribute to the difficulty of challenging a pocket veto in the courts, rather than a tribute to the validity of administration's reasoning. Now that a substantial legal controversy has begun, it is my hope that this difficulty in mounting an appropriate challenge can be overcome. It is my understanding that a private bill was also subject to a pocket veto by the President during the Christmas recess. Since questions of standing are less likely to thwart the jurisdiction of the courts in cases involving private bills, it may be possible for the claimant under the recent private bill to challenge the pocket veto of his bill, and thereby obtain a court test that would be squarely applicable to the vetoed Family Practice of Medicine Act.

Finally, it is worth pondering the implications of the administration's posi-



tion. Nothing in the Constitution suggests any stopping point for the administration's logic. In the present case, involving the brief 5-day Christmas adjournment by Congress, the President is already close to pushing the pocket veto power to the limit of its logic. If the pocket veto clause applies to a 5-day adjournment, why should it not also apply to an adjournment of 3 days, or 1 day, or even overnight?

The 10-day constitutional period for the President's consideration of legislation presented by Congress expires on midnight of the 10th day. Since Congress is virtually always in adjournment at midnight, the *reductio ad absurdum* of the administration's logic is that virtually every piece of legislation is subject to a pocket veto, in spite of the clear contrary language of the Constitution.

Conceivably, the Supreme Court might attempt to establish a "rule of reason" to resolve the pocket veto controversy, under which the pocket veto clause might be applicable in cases involving relatively long adjournments during a session of Congress, in addition to cases involving *sine die* adjournments. Even by this standard, however, it seems clear that the 5-day adjournment involved in the present case would be far too short to trigger a pocket veto.

To me, it is much more likely that the Court will decline to be drawn into any effort to set an arbitrary time period for adjournments during a session, beyond which a pocket veto would be valid. By drawing a clean dividing line at adjournment *sine die*, the Court can avoid the ambiguities inherent in a "rule of reason" approach and clear up the controversy entirely.

In closing, let me emphasize again the importance of the issue raised by the President's recent exercise of the pocket veto. The President has challenged one of the most basic prerogatives of Congress. His action has vital implications for the checks and balances in our constitutional form of government between the legislative branch and the executive branch, and I hope that we will make a thorough exploration of this area in the 92d Congress.

Mr. President, I believe that my exchange of correspondence with Mr. Rehnquist will be of interest to all Members of Congress, and I ask unanimous consent to have it printed in the RECORD.

There being no objection, the correspondence was ordered to be printed in the RECORD, as follows:

WASHINGTON, D.C.,  
December 23, 1970.

Hon. JOHN N. MITCHELL,  
Attorney General, Department of Justice,  
Washington, D.C.

DEAR MR. ATTORNEY GENERAL: As you know, on December 26 it was announced that the President would not sign S. 3418, the "Family Practice of Medicine Act," and that the bill would therefore be subject to a "pocket veto," under which Congress would have no opportunity to reconsider the legislation in light of the President's objection.

Whatever the merits of this particular bill—and I strongly supported it in the Senate—the President's action raises extremely serious questions that far transcend the bill itself and that go to the heart of the dis-

tribution of power under the Constitution between Congress and the Executive Branch with respect to the enactment of Federal legislation. Surely, contrary sporadic practice notwithstanding, the Pocket Veto provision of the Constitution—Article I, Section 7, Clause 2—was intended to apply only in circumstances involving an adjournment *sine die* at the end of a Congress or at the end of a session of Congress, and was not intended to apply to brief adjournments of Congress during a session such as the recent Christmas period. This is all that the leading decisions of the Supreme Court appear to have held. See *Wright v. United States*, 302 U.S. 533 (1938); *Pocket Veto Case*, 279 U.S. 655 (1929). Indeed, in *Wright v. United States*, the Supreme Court expressly suggested that the Pocket Veto provision might not be applicable in a case involving a brief adjournment within a session.

In light of the discrepancy between the theory and practice involving the Pocket Veto provision, I would be grateful to receive a clarification of the Administration's position on this issue.

Sincerely,

EDWARD M. KENNEDY,

DEPARTMENT OF JUSTICE,  
Washington, D.C., December 30, 1970.  
Hon. EDWARD M. KENNEDY,  
U.S. Senate,  
Washington, D.C.

DEAR SENATOR KENNEDY: The Attorney General has asked me to reply to your letter to him of December 29 relating to the pocket veto of S. 3418, inasmuch as I had given the advice to the White House that under the circumstances a pocket veto by the President would be appropriate.

In your letter you state that the pocket veto "was intended to apply only in circumstances involving an adjournment *sine die* at the end of a Congress or at the end of a session of Congress, and was not intended to apply to brief adjournments of Congress during a session such as the recent Christmas period." You also state that "in *Wright v. United States*, the Supreme Court expressly suggested that the pocket veto provision might not be applicable in a case involving a brief adjournment within a session." Suggesting a "discrepancy between the theory and practice involving the pocket veto provision," you have requested a clarification of the Administration's position on this issue.

The position of this Administration on the "pocket veto" issue is, as nearly as I can determine, entirely consistent with that of preceding Administrations which have considered the question. The two decided Supreme Court cases, both of which are cited in your letter, have, with one exception, pretty well marked out the boundaries of the pocket veto power, and in my opinion the President's exercise of that power in declining to sign S. 3418 conforms both to these judicial precedents and to the consistent practice of other Presidents during the last quarter century.

The *Pocket Veto Case*, 279 U.S. 655 (1929), decided by a unanimous Court, seems to me to have expressly rejected your contention that the pocket veto provision was intended to apply only in circumstances involving an adjournment *sine die* at the end of a Congress or at the end of a session of Congress. Although the adjournment of Congress there involved was for a period of several months, it was neither an adjournment at the end of the session nor at the end of the Congress, since the Senate adjourned on July 3rd until November 10th, while the House adjourned on July 3rd *sine die*. Notwithstanding the difference in length of time of adjournment between that case and the situation respecting S. 3418, the Court in the *Pocket Veto Case* was required to interpret the following language from the constitutional provision authorizing the "pocket

veto": ". . . If any bill shall not be returned by the President within ten days (Sundays excepted) after it shall have been presented to him, the same shall be a law, in like manner as if he had signed it, unless the Congress by their adjournment prevent its return, in which case it shall not be a law." (Art. I, § 7, United States Constitution.)

The bill which was pocket-vetted by President Coolidge in the *Pocket Veto Case* had been presented to him on June 24, 1926, and the adjournment of Congress took place on July 3rd. The Court said:

"The specific question here presented is whether, within the meaning of the last sentence—which we have italicized—Congress by the adjournment on July 3rd prevented the President from returning the bill within ten days, Sundays excepted, after it had been presented to him. If the adjournment did not prevent him from returning the bill within the prescribed time, it became a law without his signature; but, if the adjournment prevented him from so doing, it did not become a law. This is unquestioned." 279 U.S. at 674.

The Court went on to say that the term "adjournment" as used in the constitutional provision authorizing pocket vetoes did not refer only to the final adjournment of Congress. It pointed out in support of this conclusion that the word "adjournment" is used both in section 5 of Article I in reference to the power of a smaller number than the majority of each House to "adjourn" from day to day, and in the fourth clause of the same article, in reference to the prohibition that neither House during the session of Congress shall, without the consent of the other, "adjourn" for more than three days.

The Court then stated:

"We think that under the constitutional provision that the determinative question in reference to an 'adjournment' is not whether it is a final adjournment of Congress or an interim adjournment, such as an adjournment of the first session, but whether it is one that 'prevents' the President from returning the bill to the House in which it originated within the time allowed. It is clear, and as we understand, it is not questioned, that since the President may return a bill at any time within the allotted period, he is prevented from returning it, within the meaning of the constitutional provision, if by reason of the adjournment it is impossible for him to return it to the House in which it originated on the last day of that period." 279 U.S. at 630.

The Court then concluded that since Congress had adjourned prior to the expiration of the ten day period given President Coolidge by the Constitution in which to decide whether or not to veto the particular bill there involved, the pocket veto provision became operative. It seems clear to me that the Court's decision did not turn on the length of the adjournment, any more than on its finality; but that it turned instead on the fact that the adjournment commenced within the ten day period allotted the President by the Constitution to decide whether or not to veto the measure in question.<sup>1</sup>

The most recent formal expression on the pocket veto provision appears in the opinion

<sup>1</sup> The Court in that case also said (though the statement does not appear to have been necessary to its holding) that even though one or both Houses of Congress were to authorize an agent to receive messages from the President, "the delivery of the bill to such officer or agent . . . would not comply with the constitutional mandate." 279 U.S. at 681. While *dicta* is not entitled to the same weight as is a holding, the fact that the language is subscribed to by a unanimous Supreme Court, and the fact that it is found in one of the only two cases from that Court dealing with the question, make it the best available authority on the point.

of Attorney General Biddle of July 16, 1943. 40 Op. A.G. 273. The Attorney General after reviewing the cases and the historical practice, advised President Roosevelt that an adjournment of Congress within a session was an occasion for a pocket veto.

In the memorandum on the same subject transmitted to the White House in November, 1968, by my predecessor in this office, the precedents then existing were summarized in this language:

"The experience of the past quarter of the century discloses the following practice. If the tenth day (Sundays excluded) after the presentation of the bill fell into a period in which neither House was in session, Presidents uniformly exercised their pocket veto power, even if the period of adjournment were short, or if Congress reconvened on the day following expiration of the constitutional period."

The following instances were relied upon in support of this statement:

(1) In the spring of 1944, the Congress adjourned from April 1st to April 12th. A private bill had been presented to the President on March 30, 1944. 90 Cong. Rec. 3380. The tenth day (Sundays excepted) following the day of presentation was April 11, 1944, i.e., the day preceding the reconvening of the Congress. On that day, President Roosevelt signed a memorandum of disapproval. The bill was considered to have been pocket-vetted. 90 Cong. Rec. 3408.

(2) In the spring of 1956, both Houses of Congress adjourned from March 20th to April 9th. A private bill had been presented to the President on March 22nd, and the tenth day following the day of presentation was therefore April 3, 1956. President Eisenhower withheld his approval from the bill, and it was considered to have been thereby pocket-vetted as of April 3, 1956. 102 Cong. Rec. Index 732.

(3) In the summer of 1964, both Houses of Congress adjourned from August 21 to August 31 during the Democratic presidential nominating convention. A private bill had been presented to the President on August 14, 1964, and the tenth day following the day of presentation was August 26, 1964. President Johnson signed a memorandum of disapproval on August 24, 1964, which was communicated to the House of Representatives on September 2, 1964. 110 Cong. Rec. 21409.

Most recently, in the summer of 1968, President Johnson pocket-vetted a bill relating to cotton importation during an adjournment of both Houses of Congress of approximately one month. 4 Weekly Comp. Pres. Docs. 1222.

Similar precedents may be found going back a good deal further than the quarter century period covered in the memorandum described above. Those which occurred prior to 1928 are collected in House Doc. No. 493, 70th Cong., 2d Session. They include pocket vetoes during Christmas adjournment of Congress by Presidents Andrew Johnson, Benjamin Harrison, and Grover Cleveland.

In *Wright v. United States*, 302 U.S. 583 (1938), a majority of the Court held that where only one House had adjourned, and the adjournment of that House was for a period of only three days, "Congress" as that term is used in the constitutional provision authorizing pocket vetoes, had not adjourned, and therefore a pocket veto was not available to the President in that situation. The Court's majority declined to speculate on the result if one House had adjourned for more than three days.<sup>2</sup>

<sup>2</sup> The Court majority in *Wright* rejected the argument that because the originating House was the one which had adjourned for three days, the President was prevented from returning the bill within the meaning of the constitutional language. While some of its reasoning, in so doing, if lifted out of con-

The Court in *Wright* summarized its ruling in these words:

"We hold that where the Congress has not adjourned and the House in which the bill originated is in recess for not more than three days under the constitutional permission while Congress is in session, the bill does not become a law if the President has delivered the bill with his objections to the appropriate officer of that House within the prescribed ten days and the Congress does not pass the bill over his objections by the requisite votes." 302 U.S. at 598.

In the situation confronting President Nixon with respect to his disapproval of S. 3418, both Houses of Congress had adjourned for a period of longer than three days—the Senate from December 22nd to December 28th, and the House from December 22nd to December 29th—and by their adjournment had prevented the President from having the full ten day period allotted him under the Constitution to decide whether or not to veto in the ordinary manner the bill in question. In my opinion, therefore, on these facts the general rule of the *Pocket Veto Case*, rather than the exception to that general rule carved out in the *Wright* case, governed, and the President was not only authorized to exercise a pocket veto, but if he wished to disapprove it at all, he very probably had no choice as to the form of veto.<sup>3</sup>

You state in your letter that the President's action raises extremely serious questions far transcending the bill itself and that go to the "heart of the distribution of power under the Constitution between the Congress and the Executive branch with respect to the enactment of federal legislation". While I believe that the President was on very firm legal ground in taking the action he did, there is no doubt that the use of the pocket veto power has been a bone of contention between the President and the Congress throughout the years. Indeed, the *Pocket Veto Case*, *supra*, apparently resulted from an effort on the part of the House of Representatives to repudiate the traditional interpretation of the pocket veto clause—by then more than a century old—and to limit the exercise of that form of veto to the final adjournment of Congress. This effort on the part of the House was, of course, unsuccessful. Again in 1940, Congress passed a bill, H.R. 3233, 76th Congress, which purported to repeal as of the date of their "enactment" all bills and joint resolutions which prior to the beginning of the 76th Congress had been pocket-vetted, during an adjournment of the Congress other than a final adjournment. President Roosevelt vetoed the bill on the ground that it was inconsistent with the constitutional practices going back to President Adams, as well as with the Supreme Court's interpretation of the Constitution in the *Pocket Veto Case*. 86 Cong. Rec. 8024. The veto was sustained.

Thus, while the Administration's position with respect to presidential use of the pocket veto provision is largely at odds with the

text, could be said to undercut the reasoning in the *Pocket Veto Case*, the fact that the *Wright* Court reserved the question of the effect of an adjournment of even one House alone for more than three days would indicate that its language is to be confined to the fact situation there presented.

<sup>3</sup> There is undoubtedly a legal "gray area" with respect to the question reserved in the *Wright* case—whether a pocket veto is appropriate during an adjournment for more than three days by one House of Congress. Advice from this office in the past has been to the effect that in this situation, without any controlling judicial decision to guide him, the President ought to disapprove a bill by the normal veto message and return, rather than by the pocket veto.

position taken in your letter, I believe it is consistent both with the decided cases and with quite well established historical practice.

Yours very truly,

WILLIAM H. REHNQUIST,  
Assistant Attorney General,  
Office of Legal Counsel.

#### TRIBUTE TO SENATOR GORE

Mr. KENNEDY. Mr. President, when the 92d Congress convenes next month, none of our colleagues will be missed more deeply or more affectionately than the distinguished senior Senator from Tennessee. For 32 years, 18 of them in the Senate, covering one of the most important eras in the history of the Nation, ALBERT GORE has graced the U.S. Senate with his extraordinary gifts of intelligence, persuasion, eloquence, and wit. Time and again, his insights and perceptions have been translated into significant and far-reaching legislation. Time and again, where others drifted with expediency, Senator GORE has stood on principle. Time and again, where others were content to follow, Senator GORE has chosen to lead, and the Nation is the richer for his service.

Historians will catalog the full richness of his long and remarkable career in public service, and his major contributions in foreign relations and domestic affairs. His association with my family in the Senate goes back many years. Indeed, ALBERT GORE and John Kennedy came to the Senate together in 1952. Later, Senator Kennedy preceded Senator GORE as the chairman of the Subcommittee on Africa, and they shared many common interests together in the Senate.

In many ways, however, the 91st Congress itself has been a microcosm of the ALBERT GORE we love and respect, and we will carry away many warm recollections of recent months to inspire us:

In the fall of 1969, he was among the first to challenge the secret American military involvement in Laos, and to begin the critical examination of the extent to which the military establishment has been determining the foreign policy of the United States.

His votes against the confirmations of Judge Haynsworth and Judge Carswell to the Supreme Court rank with the greatest profiles in political courage in our history.

His leadership against the ABM in 1969 put him in the forefront of those in the Senate determined to shift our national priorities and begin to attack the overriding domestic issues of our day—issues like poverty and unemployment, health and education, the problems of the elderly, and all the other urgent issues we face.

Many of Senator GORE's victories in the Senate were single-handed triumphs of his legislative skill. A striking example of his outstanding success was in the Tax Reform Act of 1969, where, after days of debate on the Senate floor, he persuaded us to rewrite the crucial tax reduction provisions, in order to give a far greater measure of tax justice to the ordinary taxpayer.

WASHINGTON Post 8/13/73

# Nixon's 1970 Pocket Veto During Recess Held Illegal

VETO, From A1

ments to encourage the practice of family medicine.

It was approved in the Senate by a vote of 64 to 1 and in the House by 348 to 2 and presented to the President on Dec. 14, 1970. On Dec. 22, Congress adjourned for five days for the Christmas holidays. Two days later, Mr. Nixon issued a memorandum of disapproval, announcing that he was withholding his signature.

Waddy ruled that the President's action did not fall within the bounds of Article I, Section 7, Clause 2 of the Constitution, which provides for a so-called pocket veto. The pocket veto is intended to

Senate Subcommittee on Health and a cosponsor of the bill, had indicated earlier that he was prepared to carry his argument to the Supreme Court if necessary.

He had called the bill "the most important piece of legislation ever to be pocket vetoed, and the five-day recess the shortest in which a pocket veto had been used.

In arguing his own case, Kennedy said Presidents have exercised their pocket veto authority approximately 70 times, and that 90 per cent of them have occurred since World War II, and then primarily for private or minor bills.

Waddy, saying his court "declines to entertain

Waddy also rejected that, saying the order sought by Kennedy "requires no action by the President."

Named as defendants in the action were Arthur E. Sampson, acting administrator of the GSA, and Thomas M. Jones, chief of White House records. The court's order requires Jones to turn over to Sampson the papers necessary for GSA to publish the bill as law.

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## Pocket Veto In Recess Ruled Illegal

By Donald P. Baker

Washington Post Staff Writer

A pocket veto by President Nixon during a congressional Christmas recess in 1970 was ruled unconstitutional yesterday by U.S. District Court Judge Joseph C. Waddy.

The President's action had been challenged by Sen. Edward M. Kennedy (D-Mass.), who personally argued the case before Judge Waddy last Feb. 28.

Waddy ruled on the narrow question of whether the Presi-

*Evening Star 12/30/70*

## 'Pocket Veto' by Nixon Brings Hill Challenge

By JAMES DOYLE

Star Staff Writer

President Nixon may have acted illegally when he used the "pocket veto" on a medical education bill during Congress' Christmas recess.

That is the opinion of Senate and House proponents of the bill, who promise a move in the next Congress to defy the President's action and to define the limits of

courage more general practitioners.

The President announced Saturday that he was withholding his signature from the legislation because, he said, it would add to "the almost unmanageable current structure of federal government health efforts." He said his own health proposals would receive high priority in his 1971 legislative program.

He acted under a provision of

## VETO

# Nixon's Action Challenged

Continued From Page A-1  
to Congress with his objections any bill that he disapproves. Then a two-thirds vote of both houses is required to override the veto.

### Passed Overwhelmingly

In the case of the "family practise of medicine" bill, it is certain that the President's

power "should be one of the first priorities of the 92nd Congress," Kennedy said. The same view was taken by several other legislators, including the bill's House sponsor, Rep. Fred B. Rooney, D-Pa.

Sen. Sam Ervin, D-N.C., suggested that Congress should challenge the President's action by appropriating the \$225 million

cess "has grave implications for the balance of power between the legislative and executive branches." He called it "this latest effort by the President to undermine congressional power."

Senate parliamentarians noted that President Johnson used the pocket veto on an agricultural act amendment in August 1968,

# Ninety-first Congress of the United States of America

AT THE SECOND SESSION

*Begun and held at the City of Washington on Monday, the nineteenth day of January,  
one thousand nine hundred and seventy*

## An Act

To amend the Public Health Service Act to provide for the making of grants to medical schools and hospitals to assist them in establishing special departments and programs in the field of family practice, and otherwise to encourage and promote the training of medical and paramedical personnel in the field of family medicine and to provide for a study relating to causes and treatment of malnutrition.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

### TITLE I—FAMILY MEDICINE

SEC. 101. Part D of title VII of the Public Health Service Act is amended to read as follows:

#### “PART D—GRANTS TO PROVIDE PROFESSIONAL AND TECHNICAL TRAINING IN THE FIELD OF FAMILY MEDICINE

##### “DECLARATION OF PURPOSE

“SEC. 761. It is the purpose of this part to provide for the making of grants to assist—

“(1) public and private nonprofit medical schools—

“(A) to operate, as an integral part of their medical education program, separate and distinct departments devoted to providing teaching and instruction (including continuing education) in all phases of family practice;

“(B) to construct such facilities as may be appropriate to carry out a program of training in the field of family medicine whether as a part of a medical school or as separate outpatient or similar facility;

“(C) to operate, or participate in, special training programs for paramedical personnel in the field of family medicine; and

“(D) to operate, or participate in, special training programs to teach and train medical personnel to head departments of family practice or otherwise teach family practice in medical schools; and

“(2) public and private nonprofit hospitals which provide training programs for medical students, interns, or residents—

“(A) to operate, as an integral part of their medical training programs, special professional training programs (including continuing education) in the field of family medicine for medical students, interns, residents, or practicing physicians;

“(B) to construct such facilities as may be appropriate to carry out a program of training in the field of family medicine whether as a part of a hospital or as a separate outpatient or similar facility;

“(C) to provide financial assistance (in the form of scholarships, fellowships, or stipends) to interns, residents, or other medical personnel who are in need thereof, who are participants in a program of such hospital which provides special training (accredited by a recognized body or bodies approved for such purpose by the Commissioner of Education) in the field of family medicine, and who plan to specialize or work in the practice of family medicine; and





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“(D) to operate, or participate in, special training programs for paramedical personnel in the field of family medicine.

“AUTHORIZATION OF APPROPRIATIONS

“SEC. 762. (a) For the purpose of making grants to carry out the purposes of this part, there are authorized to be appropriated \$50,000,000 for the fiscal year ending June 30, 1971, \$75,000,000 for the fiscal year ending June 30, 1972, and \$100,000,000 for the fiscal year ending June 30, 1973.

“(b) Sums appropriated pursuant to subsection (a) for any fiscal year shall remain available for the purpose for which appropriated until the close of the fiscal year which immediately follows such year.

“GRANTS BY SECRETARY

“SEC. 763. (a) From the sums appropriated pursuant to section 762, the Secretary is authorized to make grants, in accordance with the provisions of this part, to carry out the purposes of section 761.

“(b) No grant shall be made under this part unless an application therefor has been submitted to, and approved by, the Secretary. Such application shall be in such form, submitted in such manner, and contain such information, as the Secretary shall have prescribed by regulations which have been promulgated by him and published in the Federal Register not later than six months after the date of enactment of this part.

“(c) Grants under this part shall be in such amounts and subject to such limitations and conditions as the Secretary may determine to be proper to carry out the purposes of this part.

“(d) In the case of any application for a grant any part of which is to be used for major construction or remodeling of any facility, the Secretary shall not approve the part of the grant which is to be so used unless the recipient of such grant enters into appropriate arrangements with the Secretary which will equitably protect the financial interests of the United States in the event such facility ceases to be used for the purpose for which such grant or part thereof was made prior to the expiration of the twenty-year period which commences on the date such construction or remodeling is completed.

“(e) Grants made under this part shall be used only for the purpose for which made and may be paid in advance or by way of reimbursement, and in such installments, as the Secretary may determine.

“ELIGIBILITY FOR GRANTS

“SEC. 764. (a) In order for any medical school to be eligible for a grant under this part, such school—

“(1) must be a public or other nonprofit school of medicine; and

“(2) must be accredited as a school of medicine by a recognized body or bodies approved for such purpose by the Commissioner of Education, except that the requirements of this clause shall be deemed to be satisfied, if (A) in the case of a school of medicine which by reason of no, or an insufficient, period of operation is not, at the time of application for a grant under this part, eligible for such accreditation, the Commissioner finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the school will meet the accreditation standards of such body or bodies prior to the beginning of the academic year

following the normal graduation date of students who are in their first year of instruction at such school during the fiscal year in which the Secretary makes a final determination as to approval of the application.

“(b) In order for any hospital to be eligible for a grant under this part, such hospital—

“(1) must be a public or private nonprofit hospital; and

“(2) must conduct or be prepared to conduct in connection with its other activities (whether or not as an affiliate of a school of medicine) one or more programs of medical training for medical students, interns, or residents, which is accredited by a recognized body or bodies, approved for such purpose by the Commissioner of Education.

“APPROVAL OF GRANTS

“SEC. 765. (a) The Secretary, upon the recommendation of the Advisory Council on Family Medicine, is authorized to make grants under this part upon the determination that—

“(1) the applicant meets the eligibility requirements set forth in section 764;

“(2) the applicant has complied with the requirements of section 763;

“(3) the grant is to be used for one or more of the purposes set forth in section 761;

“(4) it contains such information as the Secretary may require to make the determinations required of him under this section and such assurances as he may find necessary to carry out the purposes of this part;

“(5) it provides for such fiscal control and accounting procedures and reports, and access to the records of the applicant, as the Secretary may require (pursuant to regulations which shall have been promulgated by him and published in the Federal Register) to assure proper disbursement of and accounting for all Federal funds paid to the applicant under this part; and

“(6) the application contains or is supported by adequate assurance that any laborer or mechanic employed by any contractor or subcontractor in the performance of work on the construction of the facility will be paid wages at rates not less than those prevailing on similar construction in the locality as determined by the Secretary of Labor in accordance with the Davis-Bacon Act, as amended (40 U.S.C. 276a-276a5). The Secretary of Labor shall have, with respect to the labor standards specified in this paragraph, the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (15 F.R. 3176; 65 Stat. 1267), and section 2 of the Act of June 13, 1934, as amended (40 U.S.C. 276c).

“(b) The Secretary shall not approve any grant to—

“(1) a school of medicine to establish or operate a separate department devoted to the teaching of family medicine unless the Secretary is satisfied that—

“(A) such department is (or will be, when established) of equal standing with the other departments within such school which are devoted to the teaching of other medical specialty disciplines; and

“(B) such department will, in terms of the subjects offered and the type and quality of instruction provided, be designed to prepare students thereof to meet the standards established for specialists in the specialty of family practice by a recog-



nized body approved by the Commissioner of Education; or  
“(2) a hospital to establish or operate a special program for medical students, interns, or residents in the field of family medicine unless the Secretary is satisfied that such program will, in terms of the type of training provided, be designed to prepare participants therein to meet the standards established for specialists in the field of family medicine by a recognized body approved by the Commissioner of Education.

“(c) The Secretary shall not approve any grant under this part unless the applicant therefor provides assurances satisfactory to the Secretary that funds made available through such grant will be so used as to supplement and, to the extent practical, increase the level of non-Federal funds which would, in the absence of such grant, be made available for the purpose for which such grant is requested.

“PLANNING AND DEVELOPMENTAL GRANTS

“SEC. 766. (a) For the purpose of assisting medical schools and hospitals (referred to in section 761) to plan or develop programs or projects for the purpose of carrying out one or more of the purposes set forth in such section, the Secretary is authorized for any fiscal year (prior to the fiscal year which ends June 30, 1973) to make planning and developmental grants in such amounts and subject to such conditions as the Secretary may determine to be proper to carry out the purposes of this section.

“(b) From the amounts appropriated in any fiscal year (prior to the fiscal year ending June 30, 1973) pursuant to section 762(a), the Secretary may utilize such amounts as he deems necessary (but not in excess of \$8,000,000 for any fiscal year) to make the planning and developmental grants authorized by subsection (a).

“ADVISORY COUNCIL ON FAMILY MEDICINE

“SEC. 767. (a) The Secretary shall appoint an Advisory Council on Family Medicine (hereinafter in this section referred to as the ‘Council’). The Council shall consist of twelve members, four of whom shall be physicians engaged in the practice of family medicine, four of whom shall be physicians engaged in the teaching of family medicine, three of whom shall be representatives of the general public, and one of whom shall, at the time of his appointment, be an intern in family medicine. Members of the Council shall be individuals who are not otherwise in the regular full-time employ of the United States.

“(b) (1) Except as provided in paragraph (2), each member of the Council shall hold office for a term of four years, except that any member appointed to fill a vacancy prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term, and except that the terms of office of the members first taking office shall expire, as designated by the Secretary at the time of appointment, three at the end of the first year, three at the end of the second year, three at the end of the third year, and three at the end of the fourth year, after the date of appointment.

“(2) The member of the Council appointed as an intern in family medicine shall serve for one year.

“(3) A member of the Council shall not be eligible to serve continuously for more than two terms.

“(c) Members of the Council shall be appointed by the Secretary without regard to the provisions of title 5, United States Code, gov-

## S. 3418—5

erning appointments in the competitive service. Members of the Council, while attending meetings and conferences thereof or otherwise serving on business of the Council, shall be entitled to receive compensation at rates fixed by the Secretary, but not exceeding \$100 per day, including traveltime, and while so serving away from their homes or regular places of business they may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by section 5703 of title 5, United States Code, for persons in Government service, employed intermittently.

“(d) The Council shall advise and assist the Secretary in the preparation of regulations for, and as to policy matters arising with respect to, the administration of this part. The Council shall consider all applications for grants under this part and shall make recommendations to the Secretary with respect to approval of applications for, and of the amount of, grants under this part.

## “DEFINITIONS

“SEC. 768. For purposes of this part—

“(1) the term ‘nonprofit’ as applied to any hospital or school of medicine means a school of medicine or hospital which is owned and operated by one or more nonprofit corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual;

“(2) the term ‘family medicine’ means those certain principles and techniques and that certain body of medical, scientific, administrative, and other knowledge and training, which especially equip and prepare a physician to engage in the practice of family medicine;

“(3) the term ‘practice of family medicine’ and the term ‘practice’, when used in connection with the term ‘family medicine’, mean the practice of medicine by a physician (licensed to practice medicine and surgery by the State in which he practices his profession) who specializes in providing to families (and members thereof) comprehensive, continuing, professional care and treatment of the type necessary or appropriate for their general health maintenance; and

“(4) the term ‘construction’ includes construction of new buildings, acquisition, expansion, remodeling, and alteration of existing buildings, and initial equipment of any such buildings, including architects’ fees, but excluding the cost of acquisition of lands or offsite improvements.”

## TITLE II—MALNUTRITION

SEC. 201. (a) The Secretary of Health, Education, and Welfare shall conduct a study, in cooperation with schools training health professional manpower, of the feasibility and desirability of establishing at such schools courses dealing with nutrition and problems related to malnutrition, and of establishing research programs and pilot projects in the field of nutrition and problems of malnutrition.

(b) The Secretary is authorized to make grants to health professional schools, in connection with the study provided for by subsection (a), for the planning of programs at such schools, and for the conduct of pilot projects at such schools, to assist such schools in the establishment of courses dealing with nutrition and problems related to malnutrition.

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(c) The Secretary shall report to the President and to Congress by July 1, 1972, the results of such study, together with such recommendations as he deems advisable.

(d) There is authorized to be appropriated \$5,000,000 to carry out the purposes of this section.

*Speaker of the House of Representatives.*

*Vice President of the United States and  
President of the Senate.*

THE WHITE HOUSE

WASHINGTON

June 8, 1972

NOBLE:

The attached ltr and attachment was delivered to Don Leonard of my office by someone apparently from Senator Kennedy's office when they appeared at the EOB mail room at approx 11 am today and stated that they had to deliver it to either me or someone from my office.

Quite obviously it is not something which should have been addressed to me.

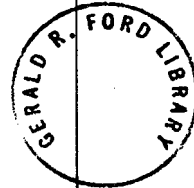
Also quite obviously it is something which should be taken care of by John Dean's office.

To be of assistance I have attached the bill report on the bill.

Also, this was handled in part by Mr. Hopkins and if memory serves us correctly, he in turn had some dealings with Ken Cole and John Campbell on the matter.

In addition, Mr. Hopkins wrote on the bill report that John Dean would be furnishing a Justice memo in support of the pocket veto. This memo has never been seen by this office.

Tom Jones





Associated Press

Sen. William Proxmire, right, greets I. W. Abel as the latter arrives to testify.

Wash. Post 8/15/74 p. 2

# Court Rules President Nixon Made Improper Pocket Veto

By Timothy S. Robinson  
Washington Post Staff Writer

The U.S. Court of Appeals upheld a lower court ruling yesterday that former President Nixon improperly invoked a pocket veto during a congressional Christmas recess in 1970.

...tor," Judge Tamm continued. In a concurring opinion, Judge Fahy agreed. "As a United States senator he represents a sovereign state whose people have a deep interest in the act and look to their senators to protect that interest; and he, as senator, it seems to me, has a

threatened by an invalid veto, but also, in the circumstances, to protect his own interest as a national legislator in the bill for which he voted," Fahy said. The effect of the ruling is to order the \$225 million Family Practice of Medicine Act into law. A token appropriation of

long time. "Not this month will it be over, not this year," he said in response to a question.

Treasury Secretary William E. Simon was even gloomier in his appearance before a Senate Finance subcommittee, predicting that the rate of inflation in the United States will remain high for two to five years.

The House Banking Committee is scheduled to vote today on a bill establishing an executive task force that can focus public attention on wage and price developments but can't subpoena witnesses for public hearings or suspend or roll back excessive wage or price boosts.

While some members of the committee are in favor of giving the agency more powers and others are fearful the monitoring task force is a prelude to a reimposition of wage and price controls, 28 of the 40 members, including Chairman Wright Patman (D-Tex), have cosponsored a

Kenneth Rush  
their regular executive jobs—would not be OMB director House Banking that giving an poena powers m that subsequent force would gain impose mandator price curbs. He said experie that wage and pr which expired Ap: "mistake." It is "emphasize that th  
**Heal**  
HEALTH, F  
Mills said he h to President For idea and stresse merely a suggest